

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90096 050 \*\*\*150.00

**DOCUMENT # P96000048163**

1. Entity Name

**S. FL. TRADE, INC.****B0046251**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**4753 ESTERO BLVD. STE 402B  
FORT MYERS BEACH FL 33931**~~**5117 CASTELLO DR  
#1  
NAPLES FL 34103-0270**~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**611 SW 26th Street****611 SW 26th Street**

City &amp; State

City &amp; State

**CAPE CORAL FL****CAPE CORAL FL**

Zip

Country

Zip

Country

**33914 FL****33914 FL**

4. FEI Number

**65-0673059**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~**AUBURN, JAMES W.  
5117 CASTELLO DR.  
STE. #1  
NAPLES FL 34103**~~**Amburn, James W.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1500 SE 40th Street**  
**Suite C**  
City **CAPE CORAL FL** Zip Code **33904**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

**JAMES W AMBURN****3/21/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WALCZAK, RICHARD 4753 ESTERO BLVD. STE 402B FORT MYERS BEACH FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Walczak, Richard 611 SW 26th Street Cape Coral, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WALCZAK, CHRISTEL 4753 ESTERO BLVD. STE 402B FORT MYERS BEACH FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Walczak, Christel 611 SW 26th Street Cape Coral, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/16/00** **941-549-9499**  
Date Daytime Phone #