

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90095 043 ***158.75

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DOCUMENT # P96000055008

1. Entity Name
TRADEFLEX, INC.



Principal Place of Business
2203 PARK PLACE
PONTE VEDRA BEACH FL 32082

Mailing Address
2203 PARK PLACE
PONTE VEDRA BEACH FL 32082

Please Change

2. Principal Place of Business
183 Landrum Lane

3. Mailing Address
116 OAK VIEW CIRKE

Suite, Apt. #, etc.
Suite 104

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES



City & State
Ponte Vedra Beach FL

City & State
Ponte Vedra Beach FL

4. FEI Number 59-3396137

Applied For
Not Applicable

Zip Country
32082 USA

Zip Country
32082 USA

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

BUSCHMAN, ALBERT E JR
2215 S 3RD ST SUITE 101
JACKSONVILLE BEACH FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D SAMPSON, PAUL R 2203 PARK PLACE PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

8-6-03 904 373 3038

Date Daytime Phone #

CR2E034 (4/03)

Attachment

Tradeflex Inc.
116 Oak View Circle
Ponte Vedra Beach
FL 32082
paul@apjmeats.com

86137157
#P96000055008

8/6/03

Due to a change address I never received the original report. Please accept this reason for non payment by the due date of May 1 2003. I have enclosed a check for \$158.75. Please confirm your acceptance via email or I have included the \$8.75 to have the certificate of status sent.

Regards

Paul Sampson
