

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 08, 2001 08:00 AM****Secretary of State****DOCUMENT # P96000067455**1. Entity Name
TRADING TRADITIONS, INC.

Principal Place of Business

1559 BEACH WALKER RD

AMELIA ISLAND
32034

FL

Mailing Address

1559 BEACH WALKER RD

AMELIA ISLAND
32034

FL

2. Principal Place of Business

709 STANDISH DRIVE

3. Mailing Address

709 STANDISH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SAINT AUGUSTINE

FL

City & State

SAINT AUGUSTINE

FL

Zip
32086

Country

Zip
32086

Country

4. FEI Number

59-3402058

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMPSON DONNA
1559 BEACH WALKER ROADAMELIA ISLAND
32034

FL

US

7. Name and Address of New Registered Agent

Name

SIMPSON DONNA

Street Address (P.O. Box Number is Not Acceptable)
709 STANDISH DRIVECity
SAINT AUGUSTINE

FL

Zip Code
32086

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

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

(NOTE: Registered Agent signature required when reinstating)

01/08/2001

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHIPPEY KELLEY	
STREET ADDRESS	1559 BEACH WALKER RD.	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SIMPSON DONNA	
STREET ADDRESS	1559 BEACH WALKER RD.	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPPEY KELLEY	
STREET ADDRESS	709 STANDISH DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON DONNA	
STREET ADDRESS	709 STANDISH DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Donna Simpson

STD

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)