

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014154

1. Entity Name

MISSOURI TRADING COMPANY

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90033 016 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1440 CORAL RIDGE DR
SUITE 192
CORAL SPRINGS FL 33071

Mailing Address
1440 CORAL RIDGE DR
SUITE 192
CORAL SPRINGS FL 33071-5433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
8018 NW 100 Way
City & State
TAMARAC, FL

Suite, Apt. #, etc.
8018 NW 100 Way
City & State
TAMARAC, FL

Zip
33321
Country
USA

Zip
33321
Country
USA

4. FEI Number
65-0831785

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

ANDERSON, ROBERT T
1440 CORAL RIDGE DR
SUITE 192
CORAL SPRINGS FL 33071

Name
ROBERT T. ANDERSON
Street Address (P.O. Box Number is Not Acceptable)
8018 N.W. 100 Way
City
TAMARAC FL Zip Code
33321

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

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

(NOTE: Registered Agent signature required when reinstating)

April 1 2000
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	<input type="checkbox"/> Delete
P	ANDERSON, ROBERT T.	8018 NW 100 WAY	TAMARAC FL 33321	<input type="checkbox"/>
SD	WOLLRAB, EDWARD	435 PENNSYLVANIA AVE STE 139	GLEN ELLYN IL 60137	<input type="checkbox"/>
VP	JOHNSON, KATHLEEN	5030 (61-206) CHAMPION BLVD	BOCA RATON FL 33071	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Robert T. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1 2000
Date

927204366
Daytime Phone #

CR2E034 (9/99)