

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State
 01-27-2001 90067 039 ***150.00

DOCUMENT # P97000017565

1. Entity Name

AUDITRADE, INC.

Principal Place of Business

**5462 HOFFNER AVE., #507-508
 ORLANDO FL 32812**

Mailing Address

**5462 HOFFNER AVE., #507-508
 ORLANDO FL 32812**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#508

Suite, Apt. #, etc.

#508

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **89-3430307**
59-3430307

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

**HODGSON, MAURICIO E
 544B HOFFNER AVE
 SUITE 403
 ORLANDO FL 32812**

Name

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

5462 HOFFNER AVE

SUITE 508

City

ORLANDO

FL

Zip Code

32812

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.

MAURICIO E. HODGSON, PRESIDENT

DATE

1-16-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HODGSON, MAURICIO E**
 CITY-ST-ZIP **459 WOOD ROSE LN
 ALTAMONTE SPRINGS FL 32714**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HODGSON, DIANA**
 CITY-ST-ZIP **459 WOOD ROSE LN
 ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
 NAME **HODGSON, DIANA T.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

DIANA T. HODGSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANA T. HODGSON

Date

1-16-01

Daytime Phone #

407-249-0013

CR2E034 (10/00)