

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90175 039 \*\*\*150.00

A 1806-0418

DOCUMENT # P97000030846

1. Entity Name  
TRADEPOWER INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
27. PENNOCK LANE STE 104 JUPITER FL 33458	P O BOX 11107 WEST PALM BCH FL 33419

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent	
<b>FRADLEY, DONALD S</b> <b>27 PENNOCK LANE STE 104</b> <b>JUPITER FL 33458</b>	Name
	Street Address (
	City

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
FL	Zip Code

☒ 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)

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11.	OFFICERS AND DIRECTORS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GEMINO, ARNOLD R	
STREET ADDRESS	<del>160 SHORE DR</del>	
CITY - ST - ZIP	<del>RIVERA BCH FL 33404</del>	

TITLE	10800 H. MILITARY TR.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUITE 219		
STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410		

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

UNIT - 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**

*Donald E. Lomax*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02 561-691-8816

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/01)