2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P98000027475 May 26, 2000 8:00 am Secretary of State INDIAN RIVER TRADING PARTNERS, INC. 05-26-2000 90127 018 ***150.00 Principal Place of Business Mailing Address 1519 ROCKLEDGE DRIVE 1519 ROCKLEDGE DRIVE ROCKLEDGE FL 32955 ROCKLEDGE FL 34689-1980 3. Mailing Address 2. Principal Place of Business 803 1805 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 59-3502188 Not Applicable Zip \$8.75 Additional. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLENN, RICHARD B Street Address mber is Not Acceptable) 1519 ROCKLEDGE DRIVE **ROCKLEDGE FL 32955** tered agent, or both, in the State of Florida. 8. The above named entity sobmits this state? FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Delete GLENN, RICHARD B NAME NAME 1803 1519 ROCKLEDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP Delete TITLE TITLE GLENN, URSULA L NAME NAME 1519 ROCKLEDGE DRIVE STREET ADDRESS STREET ADDRESS 34689 CITY-ST-ZIP CITY-ST-7IP **ROCKLEDGE FL 32955** ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trusted 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.