2000 UNIFORM BUSINESS REPORT (UBR)

6/5/

FILED
Jul 05, 2000 8:00 am
Secretary of State
06-05-2000 90010 019 ***158.75

DOCUMENT # P98000036610

1. Entity Name
TRADE DOCTOR, INC.

Principal Place of Business	Mailing Address
4521 PGA BLVD. STE 365 PALM BEACH GARDENS FL 33418	4521 PGA BLVD. STE 365 PALM BEACH GARDENS FL 33418-3997

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR 65-0854336 — 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
TARANGELO, PETER 117 BENT TREE DR PALM BEACH GARDENS FL 33418	Name Street Address (P.O. Box Number is Not Acceptable)

8. The above named entity submits this statement for the purpose of changing its re

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE. P

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!!
After MAY 1, 200
Make Check Payable

11. OFFICERS AND DIRECTORS

TITLE	D ☐ Delete
NAME	TARANGELO, PETER
STREET ADDRESS	117 BENT TREE DR
CITY-ST-ZIP	PALM BCH GARDENS FL 33418
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
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CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TRADE Doctor, INC.
is A wholley owned
Subsidiary of
TAX DOCTOR FINANCIAL
GROUP, INC.

THE "IRS" SAID
to use the same
TAX ID #.

- Peter Tarangelo
6-22-00

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that n of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Tarangelo / Peter Tarangelo 5/1/00 561-712-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #