

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042073

1. Entity Name

TRADE POINT MANAGEMENT, INC.

FILED

00 JAN 27 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O J. MEREDITH WESTER
401 E. JACKSON ST #2700
TAMPA FL 33602
US

Mailing Address
C/O J. MEREDITH WESTER
401 E. JACKSON ST #2700
TAMPA FL 33602-5841
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1519 N Dale Mabry Highway P.O. Box 1657
Suite, Apt. #, etc.
Suite 100

3. Mailing Address

Suite, Apt. #, etc.

City & State
Lutz, FL

City & State
Lutz, FL

Zip
33549

Country
UA

Zip
33548-1657

Country
US

4. FEI Number 59-3595174

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WESTER, J. MEREDITH
401 E. JACKSON ST
SUITE 2700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
J Meredith Wester
Street Address (P.O. Box Number is Not Acceptable)
1519 N Dale Mabry Highway
Suite 100
City Lutz FL Zip Code 33549

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.

(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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AYRES, JAY 3058 WISTER CIR VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUGAN, PATRICK 419 BELLE POINT DR ST PETE BEACH FL 35736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TONER, STEPHEN J 4205 SALTWATER BLVD TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLEMING, RAY 8808 ROBERTS RD ODESSA FL 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, BILL 2806 BRUCKEN RD VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WESTER, J. MEREDITH 401 E. JACKSON ST SUITE 2700 TAMPA FL 33602	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000003121780- -02/03/00--01010--001 ***150.00 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J Meredith Wester 1519 North Dale Mabry Highway Suite 100 Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-00 813-661-4503