2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90487 025 ***150.00

DOCUMENT # P98000060678

1. Entity Name

TAILORED RESORT TRADING, INC.

Principal Place of Business: ~~49 WATERBRIDGE CT~~ PONTE VEDRA BEACH FL 32082

Mailing Address: ~~49 WATERBRIDGE CT PONTE VEDRA BEACH FL 32082~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
226-5 Solano Rdad	226-5 Solano Road
Suite, Apt. #, etc. PMB 153	Suite, Apt. #, etc. PMB 153
City & State: Ponte Vedra Beach, FL	City & State: Ponte Vedra Beach, FL
Zip 32082 Country	Zip 32082 Country

4. FEI Number 59-3520308 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEASLER, FRANK R JR.
4337 PABLO OAKS CT, STE 102
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name

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

4309 Pablo Oaks Court Suite 200

City Jacksonville FL Zip Code 32224

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]

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CINOTTI, ROBERT J 49 WATERBRIDGE CT PONTE VEDRA BEACH FL 32082 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PD Cinotti, Robert J. 226-5 Solano Road, PMB 153 Ponte Vedra Beach, FL 32082
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X [signature] (904) 992-6949

Robert J. Cinotti, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/99)