2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 28, 2002 8:00 am Secretary of State P98000073931 DOCUMENT # 1. Entity Name 05-28-2002 91780 018 ***158.75 NOWTRADE CORP. Mailing Address Principal Place of Business 405 CENTRAL AVENUE **405 CENTRAL AVENUE** LOBBY LEVEL LOBBY LEVEL SAINT PETERSBURG FL 33701 SAINT PETERSBURG FL 33701 2. Principal Place of Business #/ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3546326 Not Applicable O Country \$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 Name LIFFORD J. HUNT ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 10 | E. JACKSON ST. SULTE 2400 CLIFFORD ANASTASIOS, KYRIAKIDES 405 CENTRAL AVENUE LOBBY LEVEL SAINT PETERSBURG FL 33701 TAMPA 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. 4-30-02 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Lapplicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) **Æ** Change TITLE Delete TITLE KYRIAKIDES MARIA NAME NAME 405 CENTRAL AVE LOBBY LEVEL SAINT PETERSBURG FL 33704 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE KYRIAKIDES, ANASTASIOS 204-37TH AVE N., #332 SAINT PETERSBURG FL 33704 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Channe TITLE TIDWELL, RODNEY A 405 CENTRAL AVE LOBBY LEVEL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Daytime Phone #