

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90096 006 ***150.00

DOCUMENT # P98000073931

1. Entity Name
NOWTRADE CORP.



Principal Place of Business
5655 PARK ST N #C
SAINT PETERSBURG FL 33709

Mailing Address
5655 PARK ST N #C
SAINT PETERSBURG FL 33709

50015545



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3546326**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, CLIFFORD

Name
Hunt, Clifford J.

~~401 E. JACKSON ST. STE 2400~~ **5001 EXECUTIVE DRIVE**
~~SEMINOLE FL 33772~~ **SUITE 200**
CLEARWATER FL 33772

Street Address (P.O. Box Number is Not Acceptable)
3001 Executive Drive, Suite 200

City
Clearwater

FL Zip Code
33762-5324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Clifford J. Hunt* (Clifford J. Hunt)

1/21/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
NAME ~~CARDWELL, DAVID P~~ **CARDWELL**
STREET ADDRESS **5655 PARK STREET NORTH, STE C**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE **CEO** ☒ Change ☐ Addition
NAME **Cardwell, David P.**
STREET ADDRESS **5655 Park Street North, Suite C**
CITY-ST-ZIP **St. Petersburg, FL 33709**

TITLE **VPD** ☐ Delete
NAME **KYRIAKIDES, ANASTASIOS**
STREET ADDRESS **5655 PARK ST. NORTH, STE C**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **TIDWELL, RODNEY-A**
STREET ADDRESS **405 CENTRAL AVE LOBBY LEVEL**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David P. Cardwell

1/31/03

727-480-2396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)