

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101106

1. Entity Name

TRADERS WALES, INC.

Principal Place of Business

5722 PADUA DR.
HUNTINGTON BEACH CA 92649

Mailing Address

5722 PADUA DR.
HUNTINGTON BEACH CA 92649

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CASTOLDI, JOHN E
1717 CARRABELLE BEACH DR.
CARRABELLE BEACH FL 32322

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable) 204 BARTON Rd
Hillsboro Shores
City Pompano Beach FL Zip Code 33062

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 John E. Castoldi
Signature typed or printed name of registered agent and title if applicable.

JOHN E. CASTOLDI
(NOTE: Registered Agent signature required when reinstating)

4-7-01
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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS ADAMS, SETH M
CITY-ST-ZIP 5722 PADUA DR.
HUNTINGTON BEACH CA 92649

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SETH M. ADAMS

Date

4/10/01

Daytime Phone #

317-9996
714-318-9996

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90018 032 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)