

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019180

1. Entity Name

OZ TRADING COMPANY

Principal Place of Business

Mailing Address

6039 CYPRESS GARDENS BLVD #411
WINTER HAVEN FL 33884

6039 CYPRESS GARDENS BLVD #411
WINTER HAVEN FL 33884-4115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite/Apt. #, etc.

City & State

City & State

4. FEI Number

59-3564532

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, YVONNE
10100 S LAKE RUBY DRIVE
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name: Thompson Yvonne
Street Address (P.O. Box Number is Not Acceptable)
#411 6039 Cypress Gardens Blvd
City: Winter Haven FL Zip Code: 33884

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: D
NAME: THOMPSON, YVONNE
STREET ADDRESS: 10100 S LAKE RUBY DR
CITY-ST-ZIP: WINTER HAVEN FL 33884

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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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: 100003454261--2
STREET ADDRESS: -11/07/00--01007--004
CITY-ST-ZIP: *****400.00 *****400.00

TITLE: ☐ Change ☐ Addition
NAME: 100003454261--2
STREET ADDRESS: -11/07/00--01007--005
CITY-ST-ZIP: *****150.00 *****150.00

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:

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:

Yvonne Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-00
Date

Daytime Phone #

0450874

CR2E034 (9/99)

FILED

00 OCT 23 PM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE