2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90045 005 ***150.00

DOCUMENT # P99000022642

1. Entity Name
TRADER'S, INC.

Principal Place of Business	Mailing Address
~~300 CAROLINA AVENUE #402(C)~~ ~~WINTER PARK FL 32789~~	~~300 CAROLINA AVENUE #402(C)~~ ~~WINTER PARK FL 32789-6412~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1770 E Edwin Blvd St	1770 EDWIN Blvd.
Suite, Apt. #, etc.: 025	Suite, Apt. #, etc.
City & State: WinterPark FL Florida	City & State: Winter Park Florida
Zip: 32789 / Country: USA	Zip: 32789 / Country: USA

4. FEI Number: 59-3630582 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, JOHN A
14 E. WASHINGTON STREET
SUITE 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: John A. Taylor
Street Address (P.O. Box Number is Not Acceptable): ~~1325 West Colonial Drive~~
~~Orlando, Florida 32804~~
City: Orlando FL Zip Code: 32804

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 ______ DATE: 4.28.2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	PITCHER, KIM A		NAME		
STREET ADDRESS	~~300 CAROLINA AVENUE #402(C)~~		STREET ADDRESS	1770 Edwin Blvd.	
CITY-ST-ZIP	~~WINTER PARK FL 32789~~		CITY-ST-ZIP	Winter Park, Fl 32789	
TITLE	~~PSTD~~	☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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 REQUIRED — 4.28.2000 — 407-740-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #