

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90190 039 ***150.00

DOCUMENT # P99000066806

1. Entity Name

C-TRADE INC.

Principal Place of Business

**1301 GREENWOOD ST.
 ORLANDO FL 32801**

Mailing Address

**1301 GREENWOOD ST.
 ORLANDO FL 32801**

2. Principal Place of Business

101 N PALM AVENUE

3. Mailing Address

101 N PALM AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIANLANTIC, FLORIDA

City & State

INDIANLANTIC, FL

Zip

32801

Country

Brevard

Zip

32801

Country

Brevard

4. FEI Number

59-3507645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LATIMER, DAVID
 1301 GREENWOOD STREET
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

LATIMER, DAVID

Street Address (P.O. Box Number is Not Acceptable)

509 Riggan Street

City

Lakeland, FL 33801

FL

Zip Code

33801

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

David Latimer

4/30/01

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. ☐

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 **D** ☐ Delete
 NAME **LATIMER, DAVID**
 STREET ADDRESS **1301 GREENWOOD ST.**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 **D** ☒ Change ☐ Addition
 NAME **LATIMER, DAVID**
 STREET ADDRESS **101 N PALM AVE**
 CITY-ST-ZIP **INDIANLANTIC, FL 32903**

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

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

TITLE ☐ Change ☐ Addition
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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:

David Latimer

DAVID LATIMER

4/30/01

321-723-0000

5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)