

DOCUMENT # P99000068727

**GOTHIC TRADING AND CONSULTING, INC.**

**Apr 11, 2000 8:00 am**  
**Secretary of State**

1041 BOCA COVE LN.  
HIGHLAND BEACH FL 33487-4242

7491 NORTH FEDERAL HWY

C-5 #280

BOCA RATON FLORIDA

33487

Not Applicable
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**\$8.75** Additional  
Fee Required

### **7. Name and Address of New Registered Agent**

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

Zip Code

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.

DATE \_\_\_\_\_

**\$5.00** May Be  
Added to Fees

**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
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 CITY - ST - ZIP \_\_\_\_\_

TITLE ☐ Change ☐ Addition  
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 CITY-ST- ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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.

Daytime Phone #

CR2E034 (9/99)