2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 15, 2000 8:00 am Secretary of State DOCUMENT # **P99000068733** 1. Entity Name GTD TRADING AND CONSULTING, INC. 09-15-2000 90020 032 ***550.00 Principal Place of Business Mailing Address 1041 BOCA COVE LN. 1041 BOCA COVE LN. HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 **Eddoluu**A 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Name and Address of Current Registered Agent DESORT, GREGG T 1041 BOCA COVE LN. HIGHLAND BEACH FL 33487 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change NAME NAME DESORT, GREGG T STREET ADDRESS STREET ADDRESS 1041 BOCA COVE LN. aboursid CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL 33487 Delete TITLE TiTLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change 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 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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