

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90066 018 ***558.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000082323 1. Entity Name TRADER'S COOPERATIVE, INC.					
Principal Place of Business 200 S. HOOVER BLVD., BLDG. 201, STE. 140 TAMPA, FL 33609			Mailing Address 200 S. HOOVER BLVD., BLDG. 201, STE. 140 TAMPA, FL 33609		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3618848	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent NELSON, SORRYE 200 S. HOOVER BLVD., BLDG. 201, STE. 140 TAMPA, FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent Signature required when appointing) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADILLA, BISMARCK 4758 S. FLORIDA AVE. LAKELAND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. 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 relative or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.			SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date 6-26-03			Office Phone # (813) 256-7446		

CR2E034 (10/02)