

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S92703

Entity Name
TRAITS INTERNATIONAL, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90125 034 ***150.00

Principal Place of Business
391 PALL MALL DR
STE 201
JACKSONVILLE FL 32257
US

Mailing Address
3491 PALL MALL DR
STE 201
JACKSONVILLE FL 32257
US

Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3094546**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEARDSLEY, DALE A. ESQUIRE
12 EAST BAY STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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, 2002 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

NAME	DELETE
DP FRIELE, JUERGEN HERBER 11-5-2 PUNCAK BUKIT MUTIARA 11200 PENANG MA	<input type="checkbox"/>
DVT KUYPERS, UDO HEINER 39 MOUNT SINAI RISE #21-01 SINGAPORE 10	<input type="checkbox"/>
DVPS HEW, NYEAN F 3491 PALL MALL DR #201 JACKSONVILLE FL 32257	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 OF DALE A. BEARDSLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/5/2002* Daytime Phone #

CR2E034 (9/01)