

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00502

1. Entity Name

TRADING POST HOLDINGS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90224 038 ***158.75

Principal Place of Business

Mailing Address

5770 W IRLO BRONSON MEMORIAL HWY
SUITE 219
KISSIMMEE FL 34746-4722

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SUITE 219
KISSIMMEE FL 34746-4722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3097487**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANSARI, WAJAHAT
3179 ARROWHEAD LN
KISSIMMEE FL

Name ANSARI WAJAHAT
Street Address (P.O. Box Number is Not Acceptable)
3235 HAWKS NEST DRIVE
City KISSIMMEE FL Zip Code 34741

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WAJAHAT, ANSARI
STREET ADDRESS 3179 ARROWHEAD LANE
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3235 HAWKS NEST DRIVE
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000

Date

(407) 396-0277

Daytime Phone #

CR2E034 (9/99)