

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90016 015 ***150.00

DOCUMENT # V60432
 1. Entity Name
TRADING & CONSULTING INTERNATIONAL, INC.

Principal Place of Business 4765 MURCOTT AVENUE MERRITT ISLAND FL 32953 US	Mailing Address 4765 MURCOTT AVENUE MERRITT ISLAND FL 32953-7915 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 635 S. PLUMOSA ST.	3. Mailing Address
Suite, Apt. #, etc. #6	Suite, Apt. #, etc.
City & State MERRITT ISLAND, FL	City & State
Zip 32952	Country USA.

4. FEI Number 59-3148470	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MILON, PATRICK R
 4765 MURCOTT AVENUE
 MERRITT ISLAND FL 32953**

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.

SIGNATURE *Patrick R. Milon* **Patrick R. Milon** *March 20, 2000* **March 20, 2000**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC MILON, PATRICK R 4765 MURCOTT AVENUE MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILON, KATHLEEN W 4765 MURCOTT AVENUE MERRITT ISLAND FL 32953	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Patrick R. Milon* **Patrick R. Milon** *March 20, 2000* **March 20, 2000** *321-452-2343* **321-452-2343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CDR0024 (1/99)