2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT #\V60432 1. Entity Name TRADING & CONSULTING INTERNATIONAL, INC. 04-23-2001 90045 043 ***150 00 Principal Place of Business Mailing Address 4765 MURCOTT AVENUE 635 S PLUMOSA ST MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32922 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3148470 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILON, PATRICK R Street Address (P.O. Box Number is Not Acceptable) **4765 MURCOTT AVENUE MERRITT ISLAND FL 32953** Zip Code City subrhits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE MILON, PATRICK R NAME STREET ADDRESS STREET ADDRESS 4765 MURCOTT AVENUE CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32953** TITLE Change ☐ Addition ☐ Delete TITLE MILON, KATHLEEN W NAME NAME STREET ADDRESS STREET ADDRESS 4765 MURCOTT AVENUE CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32953** Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

pril 16.2001 321-452-2343

☐ Change

Change

☐ Addition

☐ Addition