

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-23-2001 91190 012 ***150.00

DOCUMENT # P00000006493

1. Entity Name

The E Depot. Com, Inc.

Principal Place of Business

Mailing Address

14 Colonial Club Dr. #200

Boynton Beach FL 33435

2. Principal Place of Business

1119 11th Court

Suite, Apt. #, etc.

3. Mailing Address

1119 11th Court

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

Zip
33410

Country
USA

City & State

Palm Beach Gardens FL

Zip
33410

Country
USA

4. FEI Number

59-3625974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Fred Maglione
 2010 Duta Blvd.
 Tallahassee FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

133 Oak Street #9

City

Tallahassee

FL

Zip Code

32303

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

Fred Maglione

Fred Maglione

6/18/01

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, 2001 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	Director	☐ Delete
NAME	Robert C. O'Kane	
STREET ADDRESS	1119 11th Court	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	
TITLE	Treasurer	☐ Delete
NAME	Kenneth O'Kane	
STREET ADDRESS	8200 Southwestern Blvd. #1009	
CITY-ST-ZIP	Dallas TX 75206	
TITLE	President	☐ Delete
NAME	Dave Hoffman	
STREET ADDRESS	14 Villa Court	
CITY-ST-ZIP	Safety Harbor FL 34695	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Robert C. O'Kane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/01

Date

561-654-7541

Daytime Phone #

CR2E034 (11/00)