

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90028 043 ***150.00

DOCUMENT # P96000070838

1. Entity Name

NETCOMMERCE CORPORATION

Principal Place of Business

Mailing Address

316 W HORNBEAM DR
 LONGWOOD FL 32779

PO BOX 915306
 LONGWOOD FL 32791-5306

2. Principal Place of Business

3. Mailing Address

370 WHOOPING LOOP

370 WHOOPING LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1184

SUITE 1184

City & State

City & State

ALTAMONTE SPRINGS FL

ALTAMONTE SPRINGS FL

Zip

Country

Zip

Country

32701

US

32701

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3397073

Applied For

Not Applicable

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

ROSENBERG, DOV
316 W HORNBEAM DR
LONGWOOD FL 32779

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PS	ROSENBERG, DOV		
316 W HORNBEAM DR	316 W HORNBEAM DR		
LONGWOOD FL 32779	LONGWOOD FL 32779		
VP	ROSENBERG, CYNTHIA		
316 W HORNBEAM DR	316 W HORNBEAM DR		
LONGWOOD FL 32779	LONGWOOD FL 32779		
VICE PRESIDENT	PETER B. EBERLEY		
1101 MEADOW LAKE WAY SUITE 215	1101 MEADOW LAKE WAY SUITE 215		
WINTER SPRINGS, FL 32708	WINTER SPRINGS, FL 32708		

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:

Dov Rosenberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

407.339.1177

Date

Daytime Phone #

CR2E034 (9/99)