

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90093 021 ***150.00

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DOCUMENT # P96000071872

1. Entity Name
INTERACTIVE RETAIL MANAGEMENT, INC.

Principal Place of Business 5901 SUN BLVD. STE 102 ST PETERSBURG FL 33715 US	Mailing Address 5901 SUN BLVD STE 102 ST PETERSBURG FL 33715 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5901 SUN BLVD. Suite, Apt. #, etc. SUITE 206 City & State ST. PETERSBURG, FL	3. Mailing Address 5901 SUN BLVD. Suite, Apt. #, etc. SUITE 206 City & State ST. PETERSBURG, FL
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4. FEI Number **59-3396315** Applied For
 Not Applicable

Zip 33715 Country U.S.	Zip 33715 Country U.S.	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
GRANGER, RICHARD S
5901 SUN BLVD, STE 102
ST PETERSBURG FL 33715

7. Name and Address of New Registered Agent
 Name **RICHARD S. GRANGER**
 Street Address (P.O. Box Number is Not Acceptable)
5901 SUN BLVD. SUITE 206
 City **ST. PETERSBURG** **FL** Zip Code **33715**

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 _____ (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. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete GRANGER, RICHARD S 5901 SUN BLVD STE 102 ST PETERSBURG FL 33715	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete GRANGER, SHERRI A 5901 SUN BLVD STE 102 ST PETERSBURG FL 33715	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete SATORY, JAMES R 250 WEATHERWOOD CIRCLE ALPHARETTA GA 30004	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete DAVIDSON, JAMES D 108 N ALFRED ST ALEXANDRIA VA 22314	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete BEESE, J JR 800 17TH ST NW WASHINGTON DC 20006	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete MCKEON, KEVIN J 655 16TH AVE NE SAINT PETERSBURG FL 33704	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Kevin J. McKeon, CFO Ken J. McKeon 1/10/01 727-864-0300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)