

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90215 025 \*\*\*550.00

**DOCUMENT # P97000069040**

1. Entity Name  
**THE INTERNET ADVISORY CORPORATION**

Principal Place of Business

2455 E SUNRISE BLVD  
 SUITE 401  
 FT LAUDERDALE FL 33304  
 US

Mailing Address

2805 E OAKLAND PARK BLVD. STE 376  
 FT LAUDERDALE FL 33306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0772568**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**OLWEEAN, JEFFREY ALAN**  
**3850 GALT OCEAN DR #706**  
**FT LAUDERDALE FL 33308**

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>PCT</b>	<input type="checkbox"/> Delete
NAME	<b>OLWEEAN, JEFFREY</b>	
STREET ADDRESS	<b>3850 GALT OCEAN DR SUITE 706</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33304</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FYTTON, BARBARA</b>	
STREET ADDRESS	<b>4 CAVENDISH CT CARDIGAN RD</b>	
CITY-ST-ZIP	<b>RICHMOND SU TW10</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LEIGH, NICOLE</b>	
STREET ADDRESS	<b>215 NE 23RD ST W 309</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33305</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)