

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90040 050 ***158.75

DOCUMENT # P99000037255

1. Entity Name
247MARKET.COM, INC.

Principal Place of Business FOUR WEST LAS OLAS BLVD., STE. 209 FORT LAUDERDALE FL 33301	Mailing Address FOUR WEST LAS OLAS BLVD., STE. 209 FORT LAUDERDALE FL 33301-1803
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840640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4 W Las Olas Blvd. Suite, Apt. #, etc. Ste. 209	3. Mailing Address 4 W Las Olas Blvd. Suite, Apt. #, etc. Ste. 209
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City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL	4. FEI Number 65-0918748	Applied For <input type="checkbox"/> Not Applicable
Zip 33301	Country USA	Zip 33301	Country USA

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name
Bruce C. Barber
 Street Address (P.O. Box Number is Not Acceptable)
4 W Las Olas Blvd.
Ste. 209
 City
Ft. Lauderdale, FL Zip Code
33301

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 **Bruce C. Barber** **4/28/00**
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D BARBER, BRUCE C	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS FOUR WEST LAS OLAS BLVD., STE. 209		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33301		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME D BOOTH, BARRY J	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS FOUR WEST LAS OLAS BLVD., STE. 209		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33301		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
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: **Bruce C. Barber** **4/28/00** **(954) 523-2470**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)