

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000088155

1. Entity Name
 SERVE-EM.COM, INC.

Principal Place of Business
 606 NORTH OLIVE AVE
 2ND FLOOR
 WEST PALM BEACH FL 33401

Mailing Address
 606 NORTH OLIVE AVE
 2ND FLOOR
 WEST PALM BEACH FL 33401

2. Principal Place of Business
 606 NORTH OLIVE AVE

3. Mailing Address
 606 NORTH OLIVE AVE

Suite, Apt. #, etc.
 2ND FLOOR

Suite, Apt. #, etc.
 2ND FLOOR

City & State
 WEST PALM BEACH FL

City & State
 WEST PALM BEACH FL

Zip
 33401

Country
 US

Zip
 33401

Country
 US

4. FEI Number
65-0972348

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK STEPHEN L
 10800 NORTH MILITARY TRAIL, SUITE 106
 PALM BEACH GARDENS FL 33410

Name
 GIBSON ROBERT
 Street Address (P.O. Box Number is Not Acceptable)
 606 NORTH OLIVE AVE.
 2ND FLOOR
 City WEST PALM BEACH FL Zip Code 33401

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 **ROBERT GIBSON**

05/01/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CLANTON ANN	
STREET ADDRESS	606 N OLIVE AVE 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL ROBERT	
STREET ADDRESS	606 N OLIVE AVE 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK STEPHEN	
STREET ADDRESS	606 N OLIVE AVE 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	COGGESHELL TERRY	
STREET ADDRESS	606 N OLIVE AVE 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VINJAMURI SUDHIR	
STREET ADDRESS	606 N OLIVE AVE 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBSON ROBERT	
STREET ADDRESS	606 N OLIVE AVE 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL ROBERT D	
STREET ADDRESS	606 N OLIVE AVE 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACHANCE ERIC	
STREET ADDRESS	606 N OLIVE AVE 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGESHELL TERRY R	
STREET ADDRESS	606 N OLIVE AVE 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
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: Robert Gibson

P 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

TRAVIS, MERCEDES - D
606 NORTH OLIVE AVE.
2ND FLOOR
WEST PALM BEACH, FL 33401

BARRON, PATRICIA - VP
606 NORTH OLIVE AVE.
2ND FLOOR
WEST PALM BEACH, FL 33401