

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000088155

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: SERVE-EM.COM, INC.

**Current Principal Place of Business:**

606 NORTH OLIVE AVE  
2ND FLOOR  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

606 NORTH OLIVE AVE  
2ND FLOOR  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 65-0972348      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GIBSON, ROBERT  
606 NORTH OLIVE AVE.  
2ND FLOOR  
WEST PALM BEACH, FL 33401

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GIBSON, ROBERT  
Address: 606 N OLIVE AVE 2ND FLOOR  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD ( ) Delete  
Name: COGGESHELL, TERRY R  
Address: 606 N OLIVE AVE 2ND FLOOR  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S ( ) Delete  
Name: LACHANCE, ERIC  
Address: 606 N OLIVE AVE 2ND FLOOR  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: COOK, STEPHEN  
Address: 606 N OLIVE AVE 2ND FLOOR  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: HALL, ROBERT D  
Address: 606 N OLIVE AVE 2ND FLOOR  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: CLANTON, ANN  
Address: 606 N OLIVE AVE 2ND FLOOR  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GIBSON

PD

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date