

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034125

1. Entity Name

IN EXCESS.COM, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90054 017 \*\*\*150.00

Principal Place of Business

1717 N. BAYSHORE DRIVE  
#3445  
MIAMI FL 33132-1180

Mailing Address

1717 N. BAYSHORE DRIVE  
#3445  
MIAMI FL 33132-1180

2. Principal Place of Business

1717 N. Bayshore Drive

3. Mailing Address

1717 N. Bayshore Drive

Suite, Apt. #, etc.

3936

Suite, Apt. #, etc.

3936

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0913883

Applied For

Not Applicable

Zip

Country

33132-1180

Zip

Country

33132-1180

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

DEUTSCH, SCOTT H  
1717 N. BAYSHORE DRIVE  
#3445  
MIAMI FL 33132-1180

Name

Street Address (P.O. Box Number is Not Acceptable)

3936

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 \$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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DEUTSCH, SCOTT H  
1717 N. BAYSHORE DRIVE  
MIAMI FL 33132-1180

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00