

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.

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| 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

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|---|---|
| 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 |

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | 7. Name and Address of New Registered Agent Name Bruce C. Barber Street Address (P.O. Box Number is Not Acceptable) 4 W Las Olas Blvd. Ste. 209 City Ft. Lauderdale, FL FL Zip Code 33301 |
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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** DATE **4/28/00**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 BARBER, BRUCE C FOUR WEST LAS OLAS BLVD., STE. 209 FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOOTH, BARRY J FOUR WEST LAS OLAS BLVD., STE. 209 FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Bruce C. Barber** DATE **4/28/00** DAYTIME PHONE # **(954) 523-2470**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)