

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001932

1. Entity Name
4U.COM, INC.

FILED

01 APR 12 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03-21-2001 90055 034-15000

Principal Place of Business 321 EAST HILLSBOROUGH BLVD. DEERFIELD BEACH FL 33441		Mailing Address 321 EAST HILLSBOROUGH BLVD. DEERFIELD BEACH FL 33441	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	

4. FEI Number 52-2228105	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	

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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity is hereby authorized for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MERSCH, TOM 321 EAST HILLSBOROUGH BLVD. DEERFIELD BEACH FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TOD STREET, BRIAN 321 EAST HILLSBOROUGH BLVD. DEERFIELD BEACH FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, JIM 321 EAST HILLSBOROUGH BLVD. DEERFIELD BEACH FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AJMERA, STISH SRP 27 INDRIA NAGAR JAIPUR, INDIA 302018 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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)(f), 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 change authorized by the empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

78

3/14/01

Date

Daytime Phone #

CR2E034 (10/00)