

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0181981 AV

04-11-2002 90074 025 \*\*\*150.00

**DOCUMENT # F01000000426**

1. Entity Name  
**EYELLOW.COM, INC.**

Principal Place of Business Mailing Address  
**441 SOUTH STATE ROAD 7, SUITE 8 441 SOUTH STATE ROAD 7, SUITE 8**  
**MARGATE FL 33068 MARGATE FL 33068**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-3685140** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BEATTY, JEFFREY**  
**441 SOUTH STATE ROAD 7, SUITE 8**  
**MARGATE FL 33068**

7. Name and Address of New Registered Agent  
 Name **JAMES G KAUFMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**441 South State Rd 7, Suite 8**  
 City **MARGATE** FL Zip Code **33068**

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]* **4/15/02**  
 (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	<input type="checkbox"/> Delete
NAME	<b>BEATTY, JEFF</b>
STREET ADDRESS	<b>441 SOUTH STATE ROAD 7, SUITE 8</b>
CITY-ST-ZIP	<b>MARGATE FL 33068</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>SCD Pres KAUFMAN, JAMES</b>
STREET ADDRESS	<b>2706 E. GRAND RESERVE CIRCLE, APT. 1139</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>441 South State Road 7, Suite 8</b>
CITY-ST-ZIP	<b>MARGATE, FL 33068</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** *[Signature]* **4/15/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)