

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90704 033 ***150.00

DOCUMENT # F02000000209

1. Entity Name

IWEALTH, INCORPORATED



Principal Place of Business

**8290 COLLEGE PARKWAY, SUITE 101
FORT MYERS FL 33919**

Mailing Address

**8290 COLLEGE PARKWAY, SUITE 101
FORT MYERS FL 33919**

2. Principal Place of Business

8300 COLLEGE PARKWAY

Suite, Apt. #, etc.

Suite 103

City & State

Ft. Myers FL

Zip

33919

Country

USA

3. Mailing Address

8300 COLLEGE PARKWAY

Suite, Apt. #, etc.

Suite 103

City & State

Ft. Myers FL

Zip

33919

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

88-0489496

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAFRAN, JOSHUA

**8290 COLLEGE PARKWAY, SUITE 101
FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

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

8300 COLLEGE PARKWAY Suite 103

City

Ft. Myers

FL

Zip Code

33919

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

1/9/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **RIEDEL, KENT**
STREET ADDRESS **8280 COLLEGE PARKWAY, SUITE 103**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **VCP** ☐ Delete
NAME **SHAFRAN, JOSHUA**
STREET ADDRESS **8290 COLLEGE PARKWAY, SUITE 101**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Delete
NAME **CASEY, SHAWN**
STREET ADDRESS **4826 CHEVAL BOULEVARD**
CITY-ST-ZIP **LUTZ FL 33558**

TITLE **D** ☐ Delete
NAME **ARMSTRONG, CHRISTOPHER**
STREET ADDRESS **4021 SOUTH 3600 WEST**
CITY-ST-ZIP **WEST VALLEY CITY UT 84119**

TITLE **V** ☐ Delete
NAME **STEPHEN MATHEW MORROW**
STREET ADDRESS **10 SEDONA DRIVE**
CITY-ST-ZIP **FOOTHILL RANCH CA 92610**

TITLE **ST** ☐ Delete
NAME **MINASI, STEVE**
STREET ADDRESS **7301 MARK DRIVE**
CITY-ST-ZIP **FALLS CHURCH VA 22042**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCP** ☒ Change ☐ Addition
NAME **SHAFRAN, JOSHUA**
STREET ADDRESS **8300 COLLEGE PARKWAY Ste 103**
CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

1/9/03

Date

239-267-5232

Daytime Phone #

CR2E034 (10/02)