

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006928

1. Entity Name  
LOCALBUSINESS.COM, INC.

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90220 020 \*\*\*150.00

Principal Place of Business Mailing Address  
6424 N.W. 5TH WAY 6424 N.W. 5TH WAY  
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309

2. Principal Place of Business 3. Mailing Address  
6440 NW 5 Way 6440 NW 5 Way  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Ft. Lauderdale FL Ft. Lauderdale, FL

Country Country  
Broward Broward

4. FEI Number 52-2081325 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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ (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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARFIELD, EDWIN	NAME	
STREET ADDRESS	232 ROYAL WAY	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	CITY-ST-ZIP	
TITLE	CEO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAFFETTONE, THOMAS	NAME	
STREET ADDRESS	22980 OLD INLET BRIDGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE	VCST	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, COURTLANDT G	NAME	Director
STREET ADDRESS	177 CLARK AVENUE	STREET ADDRESS	Anup Bagaria
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	320 Park Ave. 14th Floor
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, AMY	NAME	
STREET ADDRESS	720 WEST ROAD	STREET ADDRESS	
CITY-ST-ZIP	RICHMOND MA 01254	CITY-ST-ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, ROBERT	NAME	Chief Strategy Officer
STREET ADDRESS	16 WESTBURY ROAD	STREET ADDRESS	Robert Larsen
CITY-ST-ZIP	GARDEN CITY NY 11530	CITY-ST-ZIP	4307 NW 71 Drive
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, MYLES	NAME	
STREET ADDRESS	54 MAPLE DRIVE	STREET ADDRESS	Coral Springs, FL 33065
CITY-ST-ZIP	GREAT NECK NY 11021	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: \_\_\_\_\_ DATE: 1/17/01 DAYTIME PHONE # \_\_\_\_\_

CR2E034 (10/00)