

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # F99000006358

1. Entity Name

DIGITALOWL.COM, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90023 039 \*\*\*150.00

Principal Place of Business

Mailing Address

101 TENITA DRIVE  
WINTER PARK FL 32792

4074 TENITA DRIVE  
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3584237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHADWICK, KIRSTIE  
4074 TENITA DRIVE  
WINTER PARK FL 32792

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

TITLE	DPST	<input type="checkbox"/> Delete
NAME	CHADWICK, KIRSTIE	
STREET ADDRESS	4074 TENITA DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PHELPS, ROBIN	
STREET ADDRESS	125 CREEK DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COGSWELL, JEFF	
STREET ADDRESS	602 LONGMEADOW CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MA, CUONG	
STREET ADDRESS	13709 BLUEWATER CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARA, MARK	
STREET ADDRESS	950 LIVE OAK STREET	
CITY-ST-ZIP	MARTLAND FL 32751	
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 checked="" type="checkbox"/> Addition
NAME	DAN RUA M	
STREET ADDRESS	11600 SUNRISE VALLEY DR	
CITY-ST-ZIP	RESTON, VA 20191	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

407 681 2788

Daytime Phone #

CR2E034 (9/99)