

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006524

1. Entity Name

~~E-TRIEVA.COM, INC.~~

e.io, inc.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90130 018 ***150.00

Principal Place of Business

8889 PELICAN BAY BLVD., SUITE 400
NAPLES FL 34108

Mailing Address

8889 PELICAN BAY BLVD., SUITE 400
NAPLES FL 34108

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

59-3565659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

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

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	P	<input type="checkbox"/> Delete
NAME	TARWATER, MICHAEL L	
STREET ADDRESS	711 KETCH DRIVE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FOSTER, STEPHEN R	
STREET ADDRESS	711 KETCH DRIVE	
CITY-ST-ZIP	NAPLES FL 34103	
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	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARWATER, MICHAEL L	
STREET ADDRESS	8889 PELICAN BAY BLVD. SUITE 400	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, STEPHEN R	
STREET ADDRESS	8889 PELICAN BAY BLVD. SUITE 400	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SURPLUS, SCOTT L	
STREET ADDRESS	2000 EAST LAMAR BLVD, SUITE 290	
CITY-ST-ZIP	ARLINGTON, TX 76006	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALEOTUS, SAM	
STREET ADDRESS	8889 PELICAN BAY BLVD. SUITE 400	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVETTE, THOMAS	
STREET ADDRESS	8889 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEPAKIAK, MITCH	
STREET ADDRESS	8889 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES, FL 34108	

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

SCOTT L SURPLUS
VP

Date

4/12/00

Daytime Phone #

817-861-4000

CR2E034 (9/99)