

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90022 031 ***150.00

DOCUMENT # K49291

1. Entity Name
INFORMATION HIGHWAY.COM, INC.

Principal Place of Business

Mailing Address

**10751 SHELLBRIDGE WAY
UNIT 185
RICHMOND BC V6-X2W8
US**

**P.O. BOX 687
POINT ROBERTS WA 98281
US**

2. Principal Place of Business

3. Mailing Address

10751 SHELLBRIDGE WAY

Suite, Apt. #, etc.

UNIT 185

Suite, Apt. #, etc.

City & State

RICHMOND

BC

City & State

Zip

V6x 2W8

Country

CANADA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0154103**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131**

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	HACKNEY, ROBERT C.	
STREET ADDRESS	10751 SHELLBRIDGE WAY UNIT 185	
CITY-ST-ZIP	RICHMOND BC CA V6-X2W8	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VENDEBERG, JAMES L	
STREET ADDRESS	600 UNIVERSITY ST. STE 2424	
CITY-ST-ZIP	SEATTLE WA 98101-1192	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LORETTE, JENNIFER	
STREET ADDRESS	10751 SHELLBRIDGE WAY UNIT 185	
CITY-ST-ZIP	RICHMOND, BC CA B6-X2W8	
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		

TITLE	P/CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTSON, JOHN G.	
STREET ADDRESS	10751 SHELLBRIDGE WAY, SUITE 185	
CITY-ST-ZIP	RICHMOND BC CANADA V6X 2W8	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEBERG, JAMES L	
STREET ADDRESS	1601 FIFTH AVENUE, SUITE 2100	
CITY-ST-ZIP	SEATTLE WA USA 98101-1192	
TITLE	S/V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORETTE, JENNIFER	
STREET ADDRESS	10751 SHELLBRIDGE WAY UNIT 185	
CITY-ST-ZIP	RICHMOND BC CANADA V6X 2W8	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELEMEN, CHERYL	
STREET ADDRESS	10751 SHELLBRIDGE WAY, UNIT 185	
CITY-ST-ZIP	RICHMOND BC CANADA V6X 2W8	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SASS, DAVID	
STREET ADDRESS	10751 SHELLBRIDGEWAY, UNIT 185	
CITY-ST-ZIP	RICHMOND BC CANADA V6X 2W8	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTH, JASON	
STREET ADDRESS	10751 SHELLBRIDGE WAY, UNIT 185	
CITY-ST-ZIP	RICHMOND BC CANADA V6X 2W8	

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

Date

Daytime Phone #

604-278-5996

CR2E034 (10/00)