

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001132

1. Entity Name

INTERNET COMMERCE SOLUTIONS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 AM 11:59

Principal Place of Business

10304 CARROLL SHORES PLACE
TAMPA FL 33612

Mailing Address

10304 CARROLL SHORES PLACE
TAMPA FL 33612-6511

2. Principal Place of Business

5670 W. Cypress Street

Suite, Apt. #, etc.

Suite C

3. Mailing Address

5670 W. Cypress Street

Suite, Apt. #, etc.

Suite C

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3523203

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JENNER, JOHN

10304 CARROLL SHORES PLACE
TAMPA FL 33612

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME JENNER, JOHN
STREET ADDRESS 10304 CARROLL SHORES PLACE
CITY-ST-ZIP TAMPA FL 33612

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003123177--5
-02/03/00--01102--007
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

2/19/2000

813-349-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #