

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
May 15, 2000 8:00 am
Secretary of State

01-26-2000 90143 029 ****61.25

DOCUMENT # N95000000816

1. Entity Name

IT'S OUR BUSINESS NETWORK, INC.

Principal Place of Business

Mailing Address

1520-180 ROYAL PALM SQUARE BLVD.
 FORT MYERS FL 33919

P.O. BOX 07075
 FORT MYERS FL 33919-0051
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0556918

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENDETTI, FRANK
17476 LAUREL VALLEY RD
STE 201
FT. MYERS FL 33912

Name

CURRY, GAIL

Street Address (P.O. Box Number is Not Acceptable)
1226 S.E. 9th Terrace

City

Cape Coral

FL

Zip Code
33990

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 (GC)

Gail Curry

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | MARSH, DEWARD | |
| STREET ADDRESS | 18355 SAN CARLOS BLVD UNIT B | |
| CITY-ST-ZIP | FORT MYERS FL 33908 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | VENDETTI, FRANK | |
| STREET ADDRESS | 17476 LAUREL VALLEY ROAD | |
| CITY-ST-ZIP | FT. MYERS FL 33912 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | GILBERT, DAVID | |
| STREET ADDRESS | 6237 PRESIDENTIAL CT. | |
| CITY-ST-ZIP | FT. MYERS FL 33919 | |
| TITLE | DD | <input checked="" type="checkbox"/> Delete |
| NAME | MORRIS, BOB | |
| STREET ADDRESS | 5100 CLEVELAND AVE | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------------|---|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor |
| NAME | SHARMA, DENNY | |
| STREET ADDRESS | 1520-160 Royal Palm Square Blvd. | |
| CITY-ST-ZIP | Ft. Myers, FL 33919 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor |
| NAME | WEAVER, RON | |
| STREET ADDRESS | 1520 Royal Palm Square Blvd. | |
| CITY-ST-ZIP | Ft. Myers, FL 33919 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor |
| NAME | ALDERMAN, MARLENE | |
| STREET ADDRESS | 15675-9 McGregor Blvd. | |
| CITY-ST-ZIP | Ft. Myers, FL 33908 | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor |
| NAME | CURRY, GAIL | |
| STREET ADDRESS | 1226 S.E. 9th Terrace | |
| CITY-ST-ZIP | Cape Coral, FL 33990 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (GC) *Gail Curry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 574-1181

Date

Daytime Phone #