

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

04-30-2001 90371 036 ***150.00

DOCUMENT # P00000009874

1. Entity Name

EMAIL MOVEMENT INC.

Principal Place of Business

12565 RESEARCH PKWY.
 SUITE 300
 ORLANDO FL 32826

Mailing Address

12565 RESEARCH PKWY.
 SUITE 300
 ORLANDO FL 32826

2. Principal Place of Business

12565 Research Parkway

Suite, Apt. #, etc.

Suite 300

City & State

Orlando, FL

Zip

32826

Country

3. Mailing Address

12565 Research Parkway

Suite, Apt. #, etc.

Suite 300

City & State

Orlando FL

Zip

32826

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3713161

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LYNCH, TIMOTHY J

1624 THORNLEA ROAD
 ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name

Timothy J. Lynch

Street Address (P.O. Box Number is Not Acceptable)

12565 Research Parkway

Suite 300

City

Orlando

FL

Zip Code

32826

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 used 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 \$500.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Pres. Lant, LBO
 Steve Quella
 12565 Research Parkway Suite 300
 Orlando FL 32826 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Timothy Lynch
 12565 Research Pkwy Suite 300
 ORLANDO FL 32826 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 #

CR2034 (10/00)