

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90028 020 ***150.00

0600443

DOCUMENT # P00000014840

1. Entity Name

~~INTERNET-ESTREET.COM, INC.~~ *New Name:*
Bernard, Allan & Edwards, Inc.

Principal Place of Business

14 NORTH 7TH AVE., SUITE 108
 ST. CLOUD MN 56303

Mailing Address

14 NORTH 7TH AVE., SUITE 108
 ST. CLOUD MN 56303

2. Principal Place of Business

1016 Shores Acres Drive
 Suite, Apt. #, etc.

3. Mailing Address

1016 Shore Acres Drive
 Suite, Apt. #, etc.

City & State

Leesburg FL

City & State

Leesburg FL

Zip
34748

Country

Zip
34748

Country

4. FEI Number

41-1964282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, MICHAEL B
1016 SHORE ACRES DRIVE
LEESBURG FL 34748

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, 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

TITLE ☐ Delete
 NAME *Director*
 STREET ADDRESS *Michael B. McLaughlin*
 CITY-ST-ZIP *1016 Shore Acres Drive*
Leesburg, FL 34748

TITLE ☐ Delete
 NAME *Director*
 STREET ADDRESS *Thomas E. LaRossa*
 CITY-ST-ZIP *105 King George Drive*
Boxford, MA 01921

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: *MB McLaughlin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

(352) 323-4956

Daytime Phone #

CR2E034 (10/00)