

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-23-2001 90038 017 ***150.00

DOCUMENT # P0000022452

1. Entity Name
SPEAKING DOOR.COM, INC.

Principal Place of Business

**18495 S DIXIE HWY
 SUITE 269
 MIAMI FL 33157**

Mailing Address

**18495 S DIXIE HWY
 SUITE 269
 MIAMI FL 33157**

**Speaking Door.com Inc.
 Mr. Douglas Ward
 5793 Ellis Hollow Road
 Lantana, FL 33463**

2. Principal Place of Business

5793 Ellis Hollow Road

Suite, Apt. #, etc.

Speaking Door.com Inc.

5793 Ellis Hollow Road

Lantana, FL 33463

Lantana, FL 33463

4. FEI Number

65-1001335

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WARD, DOUGLAS S
 18495 S DIXIE HWY
 SUITE 269
 MIAMI FL 33157**

**Mr. Douglas Ward
 5793 Ellis Hollow Road
 Lantana, FL 33463**

7. Name and Address of New Registered Agent

**Name: Robert B. Di Marco, Jr.
 Street Address (P.O. Box Number is Not Acceptable):
 832 Ocean Inlet Drive
 Boynton, Beach
 City: Boynton, Beach FL Zip Code: 33485**

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

[Signature]
(NOTE: Registered Agent Signature is required when reinstating)

3/19/2001
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	P	<input type="checkbox"/> Delete
NAME	WARD, DOUGLAS S	
STREET ADDRESS	18495 S DIXIE HWY SUITE 269	<i>SEE ABOVE</i>
CITY-ST-ZIP	MIAMI FL 33157	<i>Change</i>
TITLE	V	<input type="checkbox"/> Delete
NAME	WARD, KATHLEEN M	
STREET ADDRESS	18495 S DIXIE HWY SUITE 269	<i>SEE ABOVE</i>
CITY-ST-ZIP	MIAMI FL 33157	<i>Change</i>
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY OF STATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert B. Di Marco, Jr	
STREET ADDRESS	832 OCEAN INLET DRIVE	
CITY-ST-ZIP	Boynton, Beach, FL 33485	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Douglas Ward*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2001

Date

561-966-5058

Daytime Phone #

CR2E034 (10/00)