

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90153 001 ***150.00

DOCUMENT # P00000032213

1. Entity Name
SHOPLIVE.COM, INC.

Principal Place of Business
2500 MILITARY TRAIL, SUITE 200
BOCA RATON FL 33431

Mailing Address
2500 MILITARY TRAIL, SUITE 200
BOCA RATON FL 33431

2. Principal Place of Business
101 Pineapple Grove Way
 Suite, Apt. #, etc.

3. Mailing Address
101 Pineapple Grove Way
 Suite, Apt. #, etc.

City & State
Delray Beach, FL
 Zip Country
33444

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Delray Beach, FL
 Zip Country
33444

4. FEI Number **65-0993491**

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FRICKE, HENRY A
2500 MILITARY TRAIL, SUITE 200
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **Fricke, Henry A.**
Street Address (P.O. Box Number is Not Acceptable) **101 Pineapple Grove Way**
City **Delray Beach** **FL** **Zip Code** **33444**

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 *Henry A. Fricke* **Henry A. Fricke** **3/1/02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **PUGLIESE, ANTHONY V**
STREET ADDRESS **2500 MILITARY TRAIL, SUITE 200**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **PD** ☐ **Delete**
NAME **PUGLIESE, ANTHONY V III**
STREET ADDRESS **2500 MILITARY TRAIL STE 200**
CITY-ST-ZIP **BOCA RATON FL 33431**

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 **Name is misspelled and information**
STREET ADDRESS **is duplicitious**
CITY-ST-ZIP

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **Pugliese, Anthony V. III**
STREET ADDRESS **101 Pineapple Grove Way**
CITY-ST-ZIP **Delray Beach, FL 33444**
of address

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

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

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

TITLE ☐ **Change** ☐ **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: *Anthony V. Pugliese, III* **Anthony V. Pugliese, III** **3/1/02** **561-330-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)