

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90040 034 ***150.00

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1. Entity Name
INVEST.COM TECHNOLOGIES, INC.



Principal Place of Business
4701 N FEDERAL HIGHWAY
C-2
LIGHTHOUSE POINT FL 33064

Mailing Address
4701 N FEDERAL HIGHWAY
C-2
LIGHTHOUSE POINT FL 33064



2. Principal Place of Business
340 TESCONI CIRCLE

3. Mailing Address
340 TESCONI CIRCLE

Suite, Apt. #, etc.
SUITE B

Suite, Apt. #, etc.
SUITE B

City & State
SANTA ROSA, CA

City & State
SANTA ROSA, CA

Zip
95403

Country
USA

Zip
95403

Country
USA

4. FEI Number 65-0996344

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PERKINS, PAUL
4701 NORTH FEDERAL HIGHWAY, STE.380-C2
LIGHTHOUSE POINT FL 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AGUILERA, JEFFREY
STREET ADDRESS 340 TESCONI CIRCLE #B
CITY-ST-ZIP SANTA ROSA CA 95401 ☐ Delete

TITLE VD
NAME LARDINO, FRANK
STREET ADDRESS P.O. BOX 51569
CITY-ST-ZIP LIGHTHOUSE POINT FL 22074 ☒ Delete

TITLE VD
NAME PERKINS, PAUL
STREET ADDRESS P.O. BOX 51569
CITY-ST-ZIP LIGHTHOUSE POINT FL 22074 ☒ Delete

TITLE VD
NAME VOORHEES, BRIEN
STREET ADDRESS 2079 BEDFORD ST.
CITY-ST-ZIP SANTA ROSA, CA 95404 ☐ Delete

TITLE VDT
NAME BROUNSTEIN, DAVE
STREET ADDRESS 439 BRITANIA CT.
CITY-ST-ZIP PETALUMA, CA 94954 ☐ Delete

TITLE DS
NAME HICKS, JAMES L.
STREET ADDRESS 2260 SANTA FE DR.
CITY-ST-ZIP SANTA ROSA, CA 95405 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC
NAME AGUILERA, JEFFREY
STREET ADDRESS 3729 CROSS CREEK RD.
CITY-ST-ZIP SANTA ROSA, CA 95403 ☒ Change ☐ Addition

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

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

TITLE VD
NAME VOORHEES, BRIEN
STREET ADDRESS 2079 BEDFORD ST.
CITY-ST-ZIP SANTA ROSA, CA 95404 ☐ Change ☒ Addition

TITLE VDT
NAME BROUNSTEIN, DAVE
STREET ADDRESS 439 BRITANIA CT.
CITY-ST-ZIP PETALUMA, CA 94954 ☐ Change ☒ Addition

TITLE DS
NAME HICKS, JAMES L.
STREET ADDRESS 2260 SANTA FE DRIVE
CITY-ST-ZIP SANTA ROSA, CA 95405 ☐ Change ☒ Addition

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 607, 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: Jeffrey Aguilera JEFFREY AGUILERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2003

Date

707-292-9819

Daytime Phone #

CR2E034 (10/02)