

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040819

1. Entity Name
FIRST NOTEBOOK.COM, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90007 027 ***150.00

Principal Place of Business
**530 S.W. 168TH TERRACE
WESTON FL 33326**

Mailing Address
**530 S.W. 168TH TERRACE
WESTON FL 33326**

2. Principal Place of Business
16098 STATE RD 84W

3. Mailing Address
530 SW 168TH TERRACE

Suite, Apt. #, etc.
Suite #2

Suite, Apt. #, etc.

City & State
SUNRISE FLA.

City & State
WESTON FLA

Zip
33326

Country
USA

4. FEI Number
65-1003320

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

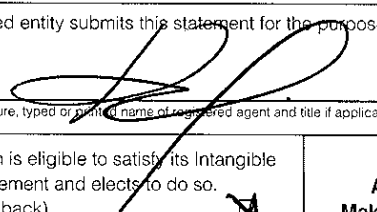
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYES, H. WAYNE JR
530 S.W. 168TH TERRACE
WESTON FL 33326**

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  DATE **4/28/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	<input type="checkbox"/> Delete
NAME H. WAYNE HAYES JR	
STREET ADDRESS 530 SW 168TH TERRACE	
CITY-ST-ZIP WESTON, FLORIDA 33326	
TITLE SECRET	<input type="checkbox"/> Delete
NAME THOMAS M. GAZZINO - HAYES	
STREET ADDRESS 530 SW 168TH TERRACE	
CITY-ST-ZIP WESTON, FLORIDA 33326	
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	<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	
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:  **H. WAYNE HAYES JR.** DATE **4/28/01** DAYTIME PHONE # **954-217-1710**

CR2E034 (10/00)