## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000042095

KILBY, BRIAN

1825 N. SHERRY

ATLANTIC BEACH, FL 32233

Name:

Address:

City-St-Zip:

Entity Name: PHONESHARK.COM, INC.

FILED Mar 13, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4905 BELFORT RD SUITE 110 JACKSONVILLE, FL 32256 **New Mailing Address: Current Mailing Address:** 4905 BELFORT RD SUITE 110 JACKSONVILLE, FL 32256 FEI Number: 59-3641128 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLAZIER & GLAZIER, P.A 8825 PERIMETER PARK BLVD SUITE 50 JACKSONVILLE, FL 32216 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete () Change () Addition GLENN, DOUGLAS A Name: Name: 1727 NORTH FIRST STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: Title: VTD () Delete Title: () Change () Addition Name: LEWISON, WESLEY E Name: 2520 NORTH EAST 48TH STREET Address: Address: LIGHTHOUSE POINT, FL 33064 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DOUGLAS A. GLENN PSD 03/13/2002