

DOCUMENT # P00000063605

1. Entity Name  
NAMEREPUBLIC.COM, INC.

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90055 025 \*\*\*150.00

Principal Place of Business  
595 N. NOVA ROAD STE 205  
ORMOND BEACH FL 32174

Mailing Address  
595 N. NOVA ROAD STE 205  
ORMOND BEACH FL 32174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Ormond Beach  
595 N. NOVA  
#205  
City & State  
Ormond Beach  
32174  
Country  
USA

3. Mailing Address  
595 N. NOVA  
205  
City & State  
Ormond Beach  
32174  
Country  
USA

4. FEE  
593653770  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LACOUR, JUDE  
595 N. NOVA ROAD STE 205  
ORMOND BEACH FL 32174

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.

SIGNATURE X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/01

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 \$500.00**  
**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 | NAME         | STREET ADDRESS           | CITY-ST-ZIP           | <input type="checkbox"/> Delete |
|-------|--------------|--------------------------|-----------------------|---------------------------------|
|       | owner        |                          |                       |                                 |
|       | LACOUR, JUDE | 595 N. NOVA ROAD STE 205 | ORMOND BEACH FL 32174 |                                 |
|       |              |                          |                       |                                 |
|       |              |                          |                       |                                 |
|       |              |                          |                       |                                 |
|       |              |                          |                       |                                 |
|       |              |                          |                       |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01 (904) 6154859