

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90218 043 ***150.00

DOCUMENT # P00000070584

1. Entity Name
INVESTE.COM, INC.

Principal Place of Business
3606 US HWY 19 N
NEW PORT RICHEY FL 34652

Mailing Address
3606 US HWY 19 N
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

7417 NATURE WALK DR

7417 NATURE WALK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SPRING HILL, FL

City & State
SPRING HILL, FL

Zip
34606

Country

USA

Zip
34606

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

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

SCHRIVER, MICHAEL W
3606 US HWY 19 N
NEW PORT RICHEY FL 34652

Name
CHAD ORSATTI & ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)

600 CLEVELAND STREET, # 1100

City

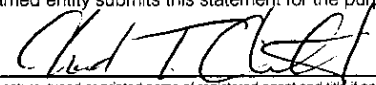
CLEARWATER

FL

Zip Code

33755

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01
 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, 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
PS
 NAME
SCHRIVER, MICHAEL W
 STREET ADDRESS
3606 US HWY 19 N
 CITY-ST-ZIP
NEW PORT RICHEY FL 34652
☒ Delete

TITLE
MM
 NAME
JOHN MAGAZINE
 STREET ADDRESS
7417 NATURE WALK DR
 CITY-ST-ZIP
SPRING HILL, FL 34606
☐ Change ☒ Addition

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 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN MAGAZINE

4/27/01

352-686-644

CR2E034 (10/00)