

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071548

1. Entity Name

ESEARCHPRO.COM, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90131 012 ***150.00

Principal Place of Business

4421 NORTHWEST BLICHTON ROAD #210
OCALA FL 34482

Mailing Address

4421 NORTHWEST BLICHTON ROAD #210
OCALA FL 34482

737488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4421 NW Blichton Rd

3. Mailing Address

4421 NW Blichton

Suite, Apt. #, etc.

#210

Suite, Apt. #, etc.

#210

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3663579

Applied For

Not Applicable

Zip

34482

Country

USA

Zip

34482

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PSTD
NAME SCHWARTZ, WENDY
STREET ADDRESS 4421 NORTHWEST BLICHTON ROAD #210
CITY-ST-ZIP Ocala FL 34482

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 an other like empowered.

SIGNATURE:

Wendy Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

877-882-2223

Daytime Phone #

CR2E034 (10/00)