

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90660 039 ***150.00

DOCUMENT # P93000047972

1. Entity Name

INTERACTIVE RESPONSE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

**4410 N STATE ROAD 7
 SUITE 200
 FORT LAUDERDALE FL 33319
 US**

**4410 N STATE ROAD 7
 SUITE 200
 FORT LAUDERDALE FL 33319
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0420554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMO CORPORATE SERVICE INC
 100 NE THIRD AVENUE
 SUITE 1100
 FORT LAUDERDALE FL 33301**

Name **SANDRA GOBBO**

Street Address (P.O. Box Number is Not Acceptable)
4500 N. STATE ROAD 7, SUITE 301

City **FORT LAUDERDALE**

FL

Zip Code
33319

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

Sandra Gobbo

SANDRA GOBBO

4-1-2002

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, 2002 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	T	<input type="checkbox"/> Delete
NAME	ORLOVE, L M	
STREET ADDRESS	4410 N STATE RD 7	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	
TITLE	P	<input type="checkbox"/> Delete
NAME	GLASS, HOWARD	
STREET ADDRESS	4410 N STATE ROAD 7 SUITE 200	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOBBO, SANDRA	
STREET ADDRESS	4410 N STATE RD 7	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Sandra Gobbo

SANDRA GOBBO

4-1-2002

954-486-4973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

0327382 AV