2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000045498** May 22, 2000 8:00 am Secretary of State ECOM ECOM.COM, INC. 05-22-2000 90067 046 ***158.75 Mailing Address Principal Place of Business 8125 MONETARY DR 8125 MONETARY DR SUITE H-4 SUITE H-4 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404-1712 3. Mailing Address 2. Principal Place of Business 3801 PGA BLVD 3801 PGA BLYD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 1001 SUITE 1001 Applied For City & State City & State 4. FEI Number 65-0538051 Not Applicable PALM BEACH GARDENS PALM BEACH GARDENS FL \$8.75 Additional Country Country 5. Certificate of Status Desired 33410 33410 Fee Required US 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PANAIA. DAVID Street Address (P.O. Box Number is Not Acceptable) 10 WYNDHAM LN PALM BEACH GARDENS FL 33418 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ** CONTROL OF OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition DPT:remain ☐ Delete TITLE TITLE PANAIA, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 10 WYNDHAM LN CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Addition ☐ Change TITLE □ Delete TITLE NAME BERGMAN, GERALD NAME STREET ADDRESS 10692 HIDDEN LAKE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 **X** Delete ☐ Change **★** Addition TITLE TITLE MUKLEBUST, ELLING" THOMAS, THOMAS L NAME NAME 8681 IRIS STREET STREET ADDRESS STREET ADDRESS 3844 DOGWOOD CIRCLE ARVADA, CO 80005 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Addition **K** Change TITLE ☐ Delete TITLE DS **DERITA, THOMAS** NAME NAME derita, Thomas STREET ADDRESS 5770 WHIRLAWAY RD 5770 WHIRLAWAY RD STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Change ☐ Addition ■ Delete TITLE 7.4 TITLE LINDLEY, GUY NAME NAME STREET ADDRESS 411 LIGHTHOUSE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH GARDENS FL 33410 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 typic cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Date Dayling Prone #