2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95 0000 10454 FILEU Electronic BusiNESS Network, INC SEURETARY OF STATE 14 VISION OF CORPORATIONS OD MAY -8 PM 1:00 1450 S. Divie Hwy, #101 BOCA RATON, FL 33432 2. Principal Place of Business
1450 S. Divie Hwy
Suite, Apt. #, etc.
101 3. Mailing Address Suite, Apt. #, etc. Applied For 4. FEI Number ity & State City & State MCA MAJON. Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARLAND E. HARRIS Street Address (P.O. Box Number is Not Acceptable) 1207 HAMPTON BIND. NORTH LAUDERDAKE, 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CIVRESIDENT SECRETARY, IREAS, DR CO DELECTION ☐ Change ☐ Addition TITLE NAME GARLAND E. HORR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE 1450 S. Duxie Awa #101 NAME NAME 150 S. DI YIE HWY #101 BOCA RATON, FL 33432 STREET ADDRESS STREET ADDRESS SECARATON FL 33432 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE -05/24/00 --01100--016 NAME STREET ADDRESS STREET ADDRESS ***1050.00 ****150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS 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 SIGNATURE: