

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056188

1. Entity Name

SOURCENET, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90172 028 ***150.00

Principal Place of Business

Mailing Address

3880 SHERIDAN ST
HOLLYWOOD FL 33021
US

P O BOX 814154
HOLLYWOOD FL 33081-4154
US

2. Principal Place of Business

3862 Sheridan St.

3. Mailing Address

Suite, Apt. #, etc.

Suite A

City & State

Hollywood, Florida

City & State

Zip

33021

Country

Broward

Zip

Country

4. FEI Number

59-3325354

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

FRIEND, JOEL S
2219 N 36TH AVE
HOLLYWOOD FL 33021

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, 2000 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 PD ☐ Delete
NAME MAYSLES, COREY
STREET ADDRESS 4321 GREENBRIAR LANE
CITY-ST-ZIP WESTON FL 33331

TITLE VD ☒ Delete
NAME TACKILL, SCOTT A
STREET ADDRESS 7207 WOODNECK DR
CITY-ST-ZIP SARASOTA FL 34231

TITLE VCT ☐ Delete
NAME FRIEND, J S
STREET ADDRESS 2219 N 36TH AVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VDS ☐ Delete
NAME FRIEND, MICHAEL J
STREET ADDRESS 2219 N 36TH AVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/99 954-965-1157

CR2E034 (9/99)