

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083271

1. Entity Name

E-MARKET, INCORPORATED

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90022 039 \*\*\*150.00

Principal Place of Business

Mailing Address

1440 J F KENNEDY CSWY  
 SUITE 319  
 MIAMI FL 33141  
 US

1440 J F KENNEDY CSWY  
 SUITE 319  
 MIAMI FL 33141-4135  
 US

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite # 429

Suite, Apt. #, etc.

Suite # 429

City & State

Same

City & State

Same

Zip

Same

Country

Same

Zip

Same

Country

Same

4. FEI Number

65-0630256

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

MEYERS, DOUGLAS I  
 4608 19TH PLACE S.W.  
 APT A  
 NAPLES FL 34116

Name

Meyers, Douglas I

Street Address (P.O. Box Number is Not Acceptable)

1440 J. F. Kennedy Cswy # 429

City

Miami FL

FL

Zip Code

33141

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

X

Douglas I. Meyers

3-15-2000

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 MCDANIEL, ALLEN W  
 STREET ADDRESS 1768 WELLESLEY CIRCLE  
 CITY-ST-ZIP NAPLES FL 34116

TITLE VD ☐ Delete  
 NAME MEYERS, DOUGLAS I  
 STREET ADDRESS 4608 19TH PLACE S.W., SUITE A  
 CITY-ST-ZIP NAPLES FL 34116

TITLE ST ☐ Delete  
 NAME MCDANIEL, ALICE P  
 STREET ADDRESS 1768 WELLESLEY CIRCLE  
 CITY-ST-ZIP NAPLES FL 34116

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
 NAME MCDANIEL, ALLEN W.  
 STREET ADDRESS 1440 J.F. Kennedy Cswy # 429  
 CITY-ST-ZIP Miami FL 33141

TITLE VD ☒ Change ☐ Addition  
 NAME Meyers, Douglas I.  
 STREET ADDRESS 1440 J.F. Kennedy Cswy # 429  
 CITY-ST-ZIP Miami FL 33141

TITLE ST ☒ Change ☐ Addition  
 NAME MCDANIEL, ALICE P  
 STREET ADDRESS 1440 J.F. Kennedy Cswy # 429  
 CITY-ST-ZIP Miami FL 33141

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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

3-15-2000 305-861-8840

Date

Daytime Phone #