

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005049

1. Entity Name

INTERNET COMMERCIAL ADVANTAGE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91082 001 ***300.00

Principal Place of Business

Mailing Address

66TH STREET NORTH
 PETERSBURG FL 33710

65 66TH STREET NORTH
 ST. PETERSBURG FL 33779-1305

15143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 16TH STREET NW
 Suite, Apt. #, etc.

3. Mailing Address

1100 16TH STREET NW
 Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG, FL

Zip

33705

Country

U.S.

Zip

33705

Country

U.S.

4. FEI Number

59-3359363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHRISTNER, ALAN S JR
 350 GULF BLVD
 INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

Name

JAMES A. STACK

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

121 NO. OSCEOLA AVE.

2ND FLOOR

City

CLARWATER

FL

Zip Code

33755

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

4/26/00

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	TWITTY, MICHAEL T	
STREET ADDRESS	6566TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	X	<input type="checkbox"/> Delete
NAME	X	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LINDA J. TWITTY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TWITTY LINDA J.	
STREET ADDRESS	43 COUNTRY CLUB DR.	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Linda J. Twitty (Linda J. Twitty) 4/26/00 (727) 585-8727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)