

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90072 007 ***150.00

DOCUMENT # P96000041093

1. Entity Name

~~INTERNET FINANCE AND EQUIPMENT, INC.~~

INTERNET BUSINESS CONSULTING, Inc

Principal Place of Business

Mailing Address

-- NORTH TRADE STREET

6800 SOUTHPOINT PKWY.

205

SUITE 902

NC 28105

JACKSONVILLE FL 32216-6221
 US

2. Principal Place of Business

3. Mailing Address

5615 Flowering Dogwood Lane

5615 Flowering Dogwood Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Charlotte, NC 28270

Charlotte, NC

Zip

Zip

28270

Country

Country

Mecklenburg

28270

Mecklenburg

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEFFIELD, J H
 4209 BAYMEADOWS ROAD #4
 JACKSONVILLE FL 32217

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	VTD	<input type="checkbox"/> Delete
NAME	KOZIK, JOHN M	
STREET ADDRESS	1118 SHIPWATCH DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	PS	<input type="checkbox"/> Delete
NAME	HOLLIS, JAMES R	
STREET ADDRESS	5615 FLOWERING DOGWOOD LANE	
CITY-ST-ZIP	CHARLOTTE NC 28270	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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:

James R Hollis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 704-845-2771

CR2E034 (9/99)