

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**  
 01-23-2001 90059 010 \*\*\*158.75

**DOCUMENT # P96000070838**

1. Entity Name  
**NETCOMMERCE CORPORATION**

Principal Place of Business  
**370 WHOOPING LOOP**  
**STE 1184**  
**ALTAMONTE SPRINGS FL 327010**  
**US**

Mailing Address  
**370 WHOOPING LOOP**  
**STE 1184**  
**ALTAMONTE SPRINGS FL 327010**  
**US**

2. Principal Place of Business  
**370 CENTERPOINTE CIRCLE**  
 Suite, Apt. #, etc.  
**1178**

3. Mailing Address  
**370 CENTERPOINTE CIRCLE**  
 Suite, Apt. #, etc.  
**1178**

City & State  
**ALTAMONTE SPRINGS FL**

City & State  
**ALTAMONTE SPRINGS, FL**

Zip  
**32701**

Country  
**USA**

Zip  
**32701**

Country  
**USA**

4. FEI Number **59-3397073**

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

**ROSENBERG, DOV**  
**316 W HORNBEAM DR**  
**LONGWOOD FL 32779**

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 *Dov Rosenberg*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/10/01*  
 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, 2001 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  
**PS**  
 NAME  
**ROSENBERG, DOV**  
 STREET ADDRESS  
**316 W HORNBEAM DR**  
 CITY-ST-ZIP  
**LONGWOOD FL 32779**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
**V**  
 NAME  
**EBERLEY, PETER B**  
 STREET ADDRESS  
**1101 MEADOW LAKE WAY #215**  
 CITY-ST-ZIP  
**WINTER SPRINGS FL 32708**

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Dov Rosenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/10/01* *407-339-1177*

CR2E034 (10/00)