

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077709

1. Entity Name

THE EMAIL CHANNEL, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90051 020 ***150.00

Principal Place of Business

751 PARK OF COMMERCE DR
SUITE 124
BOCA RATON FL 33487
US

Mailing Address

751 PARK OF COMMERCE DR
SUITE 124
BOCA RATON FL 33487-3623
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0694025

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANGELL CORPORATE SERVICES, INC.
C/O EDWARDS & ANGELL
250 ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33840

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 VP
NAME KOPEC, EDWARD K
STREET ADDRESS 8062A SEVERN DR.
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

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

TITLE PD
NAME LAWLOR, JOHN
STREET ADDRESS 3465 N.W. 27TH AVENUE
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

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

TITLE AS
NAME STARE, DIANA L
STREET ADDRESS 3480 PINE WALK DR. N., #128
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

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

TITLE D
NAME POLINER, RANDALL
STREET ADDRESS PO BOX 410730
CITY-ST-ZIP MELBOURNE FL 32941 ☐ Delete

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

TITLE D
NAME GREGORY, DALE
STREET ADDRESS 1615 PARKSIDE CIR SOUTH
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/00 561-226-3624

CR2E034 (9/99)