

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
 05-12-2001 90058 046 \*\*\*150.00

**DOCUMENT # P96000077709**

1. Entity Name  
**THE EMAIL CHANNEL, INC.**

Principal Place of Business <b>751 PARK OF COMMERCE DR                  SUITE 124                  BOCA RATON FL 33487                  US</b>	Mailing Address <b>751 PARK OF COMMERCE DR                  SUITE 124                  BOCA RATON FL 33487                  US</b>
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2. Principal Place of Business <b>6501 Park of Commerce Blvd</b>	3. Mailing Address <b>102 NE 2nd St</b>
Suite, Apt. #, etc. <b>110</b>	Suite, Apt. #, etc. <b>PMB 292</b>
City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33487</b>	Country <b>Palm Beach</b>
Zip <b>33432</b>	Country <b>Palm Beach</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0694025</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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**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
State <b>FL</b> 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 \_\_\_\_\_ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	VP KOPEC, EDWARD K 8062A SEVERN DR. BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWLOR, JOHN 3465 N.W. 27TH AVENUE BOCA RATON FL 33434 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STARE, DIANA L 3480 PINE WALK DR. N., #128 MARGATE FL 33063 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLINER, RANDALL PO BOX 410730 MELBOURNE FL 32941 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, DALE 1615 PARKSIDE CIR SOUTH BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1321 SW 18 St                  Boca Raton, FL 33486</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secy. John Lawlor                  1321 SW 18 St. Boca Raton, FL 33486</b>

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: **John Lawlor, President 4/29/01** 561-750-6882  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)