## 2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or changed, or on an attachm

with all other like empowered.

## May 11, 2001 8:00 am Secretary of State DOCUMENT # **P97000004217** JOE CAMPANELLI.COM, INC. 05-11-2001 90053 010 \*\*\*150.00 Mailing Address Principal Place of Business C/O FAST-TAX 113 N FEDERAL HWY DANIA FL 33004 PO BOX 1711 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0734581 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMS, GERALD J Street Address (P.O. Box Number is Not Acceptable) 113 N FEDERAL HWY DANIA FL 33004 Zip Code City 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 Floriba. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critoria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE MILE CAMPANELLI, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 281 N FEDERAL HWY CITY - ST - ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition ☐ Delete TITL 8 TITLE NAME CAMPANELLI, JOSEPH NAME STREET ADDRESS STREET ADDRESS 281 N FEDERAL HWY CiTY-ST-7I2 CITY - ST-ZIP **BOCA RATON FL 33432** Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME ADAMS, GERALD STREET ADDRESS STREET ADDRESS 113 N. FEDERAL HWY. CITY - ST - ZIE CITY-ST-ZIE DANIA BEACH FL 33004 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-SI-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 with all other blue properties. 13. I hereby certify that the information suindicated on this report or suppleme