

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P97000010416

1. Entity Name

INTERNET FULFILLMENT, INC.

FILED
Jul 10, 2000 8:00 am
Secretary of State

05-19-2000 90881 001 ***900.00

Principal Place of Business

Mailing Address

2649 MARATHON LANE
FORT LAUDERDALE FL 33312

2649 MARATHON LANE
FORT LAUDERDALE FL 33312-4613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3325 Griffing Rd

Suite 248

Fort Lauderdale FL

33312

Florida



DO NOT WRITE IN THIS SPACE

05-0727032

4. FEI Number

APPLIED FOR

☒ 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

WOODWARD, SARAH
2649 MARATHON LANE
FORT LAUDERDALE FL 33312

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: D
NAME: WOODWARD, SARAH
STREET ADDRESS: 2649 MARATHON LANE
CITY-ST-ZIP: FORT LAUDERDALE FL 33312 ☐ Delete

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

TITLE: D
NAME: WOODWARD, TERRY
STREET ADDRESS: 2649 MARATHON LANE
CITY-ST-ZIP: FORT LAUDERDALE FL 33312 ☐ Delete

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

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sarah Woodward

Date

Daytime Phone #

4/30/00

954 964 2772

CR2E034 (9/99)