

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011746

1. Entity Name

Upgrade International Corporation

FILED

00 FEB 29 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4351 Martin Street, Suite 1010  
Blaine, Washington 98230

same

2. Principal Place of Business

1411 Fourth Avenue

Suite, Apt. #, etc.  
Suite 629

City & State  
Seattle, WA 98101

Zip  
98101

Country  
USA

3. Mailing Address

1411 Fourth Avenue

Suite, Apt. #, etc.  
Suite 629

City & State  
Seattle, WA 98101

Zip  
98101

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2441311

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Capital Connection, Inc.

417 E. Virginia Street, Suite 1  
Tallahassee, FL 32303

7. Name and Address of New Registered Agent

Name NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
526 East Park Avenue

City Tallahassee

FL

Zip Code  
32301

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.

Tina Leland, Assistant Secretary for  
NRAI Services, Inc.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Tina Leland* 2-24-00

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

TITLE PSTD ☐ Delete

NAME Bland, Daniel  
STREET ADDRESS 5535 Perrègrine Way  
CITY-ST-ZIP Blaine, WA 98230

TITLE D ☐ Delete

NAME Erickson, Ronald  
STREET ADDRESS 1520 East Lake Ave.  
CITY-ST-ZIP Seattle, WA 98102

TITLE D ☐ Delete

NAME Zucker, David  
STREET ADDRESS 330 14th Street  
CITY-ST-ZIP Santa Cruz, CA 95062

TITLE D ☐ Delete

NAME Burke, Malcome  
STREET ADDRESS 1115 595 Howe Street  
CITY-ST-ZIP Vancouver, B.C. Canada

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition

NAME Erickson, Ronald  
STREET ADDRESS 3700 East Valley Street  
CITY-ST-ZIP Seattle, WA 98112

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Jan 00

Date

206-749-9900

Daytime Phone #

CR2E034 (9/99)