2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P97000059713 May 18, 2000 8:00 am Secretary of State INTERNET TRADER INC. 05-18-2000 90382 013 ***150.00 Principal Place of Business Mailing Address 6950 PHILLIPS HWY. 6950 PHILLIPS HWY. STE 12 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-6082 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3456354 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Tritt, Arnold D. Jr. TRITT, ARNOLD D. JR. Street Address (P.O. Box Number is Not Acceptable) 865 May Street 2236 ST. JOHNS AVENUE SUITE 100 JACKSONVILLE FL 32204 City Jacksonville 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE nd title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. GEORGE J. FOOTE Change X Addition TITLE X Delete TITLE FOOTE, GEORGE J Mosters Remeth P. NAME NAME 1605 BERWICK RD. STREET ADDRESS STREET ADDRESS 6950 Phillips Hwy. Ste. 12 City-St-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 <u>Jacksonville, FL 32216</u> Addition ☐ Delete TITLE ☐ Change NAME Wood, Jr., Robert L. STREET ADDRESS STREET ADDRESS 4081 Stillwell Drive CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32257 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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