2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED DOCUMENT # **P97000066824** Apr 18, 2000 8:00 am Secretary of State E-POSSIBILITY.COM, INC. 04-18-2000 90155 043 ***150.00 Principal Place of Business Mailing Address 411 EAST ATLANTIC AVE. #6 THE UP-TICK. INC. DELRAY BEACH FL 33483-4554 DELRAY BEACH FL 000000 2. Principal Place of Business 3. Mailing Address autic Ave to DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, et Applied For City & State 4. FEI Number 65-0775522 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DISTEFANO, THOMAS L III Street Address (P.O. Box Number is Not Acceptable) 2898 NW 26TH CT. **BOCA RATON FL 33434** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE LADD TITLE DISTEFANO, THOMAS L III NAME NAME STREET ADDRESS 2898 NW 26TH CT. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP ☐ Change ☐ Delete TITLE MONTELEONE, CHRISTOPHER L NAME STREET ADDRESS STREET ADDRESS 9232 ARBOR WOODS CIRCLE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.