

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077169

1. Entity Name

E - INVEST.COM, INC.

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90001 009 ***150.00

Principal Place of Business

Mailing Address

400 FIFTH AVE. S.
NAPLES FL 34102

400 FIFTH AVE. S.
NAPLES FL 34102-6574

2. Principal Place of Business

3. Mailing Address

100 Madrid Blvd

100 Madrid Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 113

Ste. 113

City & State

City & State

Punta Gorda, FL

Punta Gorda, FL

Zip

Country

Zip

Country

33950

33950

4. FEI Number

65-0782449

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

WRIDE, WILLIAM J
400 FIFTH AVE. S.
NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

100 Madrid Blvd

#113

City

Punta Gorda, FL

FL

Zip Code

33950

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, hand or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/00

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

\$5.00 May Be

Trust Fund Contribution. ☐

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS WRIDE, WILLIAM J
CITY-ST-ZIP 400 FIFTH AVE. S.
NAPLES FL 34102

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 100 Madrid Blvd #113
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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

Date

Daytime Phone #

4/22/00