

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90026 006 ***150.00

DOCUMENT # P97000088866

1. Entity Name
CARD* ECOMM, INC.

Principal Place of Business

1311 N HIGHWAY US 1
 STE 129-112
 TITUSVILLE FL 32796
 US

Mailing Address

3331 BURKELAND PL
 MELBOURNE FL 32934-2901
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3331 BURKELAND PL.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

City & State

4. FEI Number

59-3472991

Applied For

Not Applicable

Zip

Country

Zip

Country

32934-2901

USA

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

HAWKES, FREDERICK O
3331 BURKELAND PLACE
MELBOURNE FL 32934-2901

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, 2002 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 **P** Delete
 NAME **HAWKES, FREDERICK O**
 STREET ADDRESS **3331 BURKELAND PLACE**
 CITY-ST-ZIP **MELBOURNE FL 32934-2901**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **HAWKES, BRENDA LEE**
 STREET ADDRESS **3331 BURKELAND PLACE**
 CITY-ST-ZIP **MELBOURNE FL 32934-2901**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 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: *Frederick O Hawkes* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02
 Date

321-757-3260
 Daytime Phone #

CR2E034 (9/01)