

**2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P970000093042**

1. Entity Name

**Changes International, Inc.****FILED****00 JUL 13 PM 3:49****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**150 motor Parkway  
Suite 210  
Hauppauge, NY 11788**

Mailing Address

**150 motor Parkway  
Suite 210  
Hauppauge, NY 11788**

2. Principal Place of Business

**150 motor Parkway  
Suite, Apt. #, etc.  
210**

3. Mailing Address

**150 motor Parkway  
Suite, Apt. #, etc.  
Suite 210**

City &amp; State

**Hauppauge NY**

City &amp; State

**Hauppauge, NY**

Zip

**11788**

Country

**USA**

Zip

**11788**

Country

**USA**

4. FEI Number

**11-3404244**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Torsak, John  
1008 Airport Road  
Suite E  
Destin, FL 32541**

7. Name and Address of New Registered Agent

Name **Fran Colombi**

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

**1008 Airport Road,  
Suite E**

City

**Destin****FL**Zip Code  
**32541**

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 signatures required when reinstating)

DATE

**7/10/2000**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)☐

IF NEWLY INCORPORATED IN FLORIDA  
AND MAY 1, 2000, Fee will be \$50.00  
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	D.	<input type="checkbox"/> Delete
NAME	<b>Brian Blechman</b>	
STREET ADDRESS	<b>150 Motor Parkway, Ste. 210</b>	
CITY-ST-ZIP	<b>Hauppauge, NY 11788</b>	

TITLE	D.	<input type="checkbox"/> Delete
NAME	<b>Ross Blechman</b>	
STREET ADDRESS	<b>150 Motor Parkway, Ste. 210</b>	
CITY-ST-ZIP	<b>Hauppauge, NY 11788</b>	

TITLE	P.	<input type="checkbox"/> Delete
NAME	<b>William S. Coggin</b>	
STREET ADDRESS	<b>150 Motor Parkway, Ste. 210</b>	
CITY-ST-ZIP	<b>Hauppauge, NY 11788</b>	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**William S. Coggin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/10/00**

Date

Daytime Phone #