

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025262

1. Entity Name

I NEED IT NOW, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90248 020 \*\*\*150.00

Principal Place of Business

Mailing Address

633 S. ANDREWS AVE., 3RD FLOOR  
FT. LAUDERDALE FL 33301

113 N. FEDERAL HWY.  
DANIA FL 33004-2803

2. Principal Place of Business

315 S.E. 7TH STREET

3. Mailing Address

210 EAST-TAX

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 1711

City & State

FT. LAUDERDALE, FL.

City & State

DANIA BEACH, FL.

Zip

33301

Country

U.S.A.

Zip

33004-1711

Country

U.S.

4. FEI Number

65-0826882

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

ADAMS, GERALD J  
113 N. FEDERAL HWY.  
DANIA FL 33004

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, 2000 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	PVTS	<input type="checkbox"/> Delete
NAME	WISINSKI, MARK J	
STREET ADDRESS	2750 OCEAN CLUB BLVD., APT. 206	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	WISINSKI, MARK J	
STREET ADDRESS	2750 OCEAN CLUB BLVD., APT. 206	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Mark J. Wisinski* MARK WISINSKI - PRESIDENT

Date

Daytime Phone #

CR2E034 (9/99)