2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P98000027174** Mar 23, 2000 8:00 am 1. Entity Name INTERACTIVE TOASTER COMPANY **Secretary of State** 03-23-2000 90042 037 ***150.00 Mailing Address Principal Place of Business 20423 STATE RD 7 20423 STATE RD 7 STE 383 STE 383 **BOCA RATON FL 33063** BOCA RATON FL 33498-6797 2. Principal Place of Business 3. Mailing Address 2500 N. M Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 210 Applied For City & State City & State 4. FEI Number 65-0821951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAUTTER, C C ESQ 2900 EAST OAKLAND PARK **SUITE 200** FORT LAUDERDALE FL 33306 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. 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D Change Addition TITLE ☐ Delete TITLE AND SCOTT D KURLAND, SCOTT D NAME NAME STREET ADDRESS STREET ADDRESS 11669 COUNTRYVIEW LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** Change ☐ Delete TITLE TITLE KURLAND, DANIEL R NAME 11669 COUNTRYVIEW LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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