

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043679

1. Entity Name

POPSPACE CORP.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90155 002 ***158.75

Principal Place of Business

4400 PGA BOULEVARD #201
PALM BEACH GARDENS FL 33410

Mailing Address

4400 PGA BOULEVARD #201
PALM BEACH GARDENS FL 33410-6554

2. Principal Place of Business

11382 Prosperity Farms Road
Suite, Apt. #, etc.
Suite 130

3. Mailing Address

11382 Prosperity Farms Road
Suite, Apt. #, etc.
Suite 130



DO NOT WRITE IN THIS SPACE

P 65-0925571

City & State

Palm Beach Gardens, FL
Zip 33410 Country USA

City & State

Palm Beach Gardens, FL
Zip 33410- Country USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, JACK S
4400 PGA BOULEVARD #201
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Jeffrey P. Fontaine
Street Address (P.O. Box Number is Not Acceptable)
11382 Prosperity Farms Road
Suite 130
City Palm Beach Gardens FL Zip Code 33410

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.

Jeffrey P. Fontaine Vice President 4-13-00

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	JUDGE, JASON P	
STREET ADDRESS	8864 WATER OAK PL	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jason P. Judge	
STREET ADDRESS	11382 Prosperity Farms Road, Suite 130	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Anderson	
STREET ADDRESS	11382 Prosperity Farms Road, Suite 130	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert G. Spignesi	
STREET ADDRESS	11382 Prosperity Farms Road, Suite 130	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey P. Fontaine	
STREET ADDRESS	11382 Prosperity Farms Road, Suite 130	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seth A. Buechley	
STREET ADDRESS	11382 Prosperity Farms Road, Suite 130	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
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:

Jeffrey P. Fontaine 4-13-00 (561) 627-4911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)