

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90103 048 \*\*\*150.00

0324630

**DOCUMENT # P98000045804**

1. Entity Name

**INTERNET COMMERCE, INC.**

Principal Place of Business

**249 PERUVIAN AVENUE  
 SUITE F2  
 PALM BEACH FL 33480**

Mailing Address

**249 PERUVIAN AVENUE  
 SUITE F2  
 PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

**2875 S. OCEAN BLVD.**

**2875 S. OCEAN BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 211**

**Suite 211**

City & State

City & State

**PALM BEACH, FL**

**PALM BEACH, FL**

Zip

Country

Zip

Country

**33480 US**

**33480 US**

4. FEI Number

**65-0855959**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **MICHAEL J. POSNER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4420 BEACON CIRCLE  
 SUITE 100**  
 City **West Palm BEACH FL** Zip Code **33407**

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]*

**MICHAEL J. POSNER**

**4/17/01**

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>BHATHENA, MICHAEL</b>	
STREET ADDRESS	<b>249 PERUVIAN AVENUE</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	<b>TOLLEY, BRADFORD L</b>	
STREET ADDRESS	<b>249 PERUVIAN AVENUE</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>TOLLEY, BARBARA L</b>	
STREET ADDRESS	<b>249 PERUVIAN AVENUE</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P (only)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADFORD L. TOLLEY</b>	
STREET ADDRESS	<b>2875 S. OCEAN BLVD., SUITE 211</b>	
CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>	
TITLE	VP (only)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBARA L. TOLLEY</b>	
STREET ADDRESS	<b>2875 S. OCEAN BLVD., Ste. 211</b>	
CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHELE E. ANDRE</b>	
STREET ADDRESS	<b>2875 S. OCEAN BLVD. Ste. 211</b>	
CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]* **Bradford L. Tolley** **4/17/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-832-2700**

CR2E034 (10/00)