FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State
07-22-2002 90164 033 ***550.00

DOCUMENT # P98000045804

merger name chg. ECO 7/27/02

1. Entity Name

~~INTERNET COMMERCE, INC~~

DO NOT WRITE IN THIS SPACE

B0130918

2. Principal Place of Business	3. Mailing Address
363 S. County Road	363 S. County Road
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Palm Beach, FL	City & State: Palm Beach, FL
Zip: 33480 Country: USA	Zip: 33480 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0855959 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: W. R. Klein, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1900 Main Street, Suite 310

City: ~~Sarasota~~ FL Zip Code: ~~34236~~

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: Roy W. Howard Associate Atty 7/10/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P,S,D
NAME	René A. Moeller
STREET ADDRESS	363 S. County Rd., Ste. B
CITY-ST-ZIP	~~Palm Beach, FL 33480~~
TITLE	T,D
NAME	Ulf Steenhoft
STREET ADDRESS	363 S. County Rd., Ste. B
CITY-ST-ZIP	~~Palm Beach, FL 33480~~
TITLE	D
NAME	Jan Otzen
STREET ADDRESS	363 S. County Rd., Ste. B
CITY-ST-ZIP	~~Palm Beach, FL 33480~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: René A. Moeller René A. Moeller July 10, 2002 (941) 365-1930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #