## FILED Apr 21, 2003 8:00 am of State

0 037 \*\*\*150.00

2003 FOR PROFIT COUNIFORM BUSINESS		Secretary
CUMENT # P98000045804	May 1021	04-21-2003 90500
ity Name ERNET COMMERCE, INC.	( 4)//101/ /	

DOCUMENT # P98000045804  1. Entity Name INTERNET COMMERCE, INC.						04-21-2003 90500 037 ***150.00				
<del>-</del>		Mailing Address	ress		10044303					
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
		%%%% %%% % % % % % % % % % % % % % % %		1	. 10011551 115					
Principal Place of Business     3. Mailing Address										
1900 Main Street 1900 Main Stre Suite, Apt. 4, etc. Suite, Apt. 4, etc.		reet								
Suite 310 Suite 310			CHECK HERE IF MAKING CHANGES				nlind For			
City & State  Sarasota, FL  Sarasota, FL			4. FEI Number 65-0855959					olied For Applicable		
Zip	Country	Zip	Country		5 Cartificate	of Status Desired	<u> </u>	8.75 Add		
34236	US	34236	_US				□ Fe	ee Required		
· ———	6. Name and Address of Current F	Registered Agent	Name		7. Name and	Address of New R	egistered Ag	jent .		
KLEIN, W R PA 1900 MAIN STREET SUITE 310 SARASOTA, FL 34236			Street A	Street Address (P.O. Box Number Is Not Acceptable)						
ONIGOTA	, 1 2 04200									
			City				FL	Zip Code	)	
	named entity submits this statement for lons of registered agent.	the purpose of changing its re	egistered office or	registere	ed agent, or bo	oth, in the State of Fig		millar with,	and accept	
	·									
SIGNATURE .	Signature, typed or printed name of registered agent a	multitle if applicable. (NOTE: F	Registered Agent signat	nie ierinieri	when minstaling)		CATE			
After	ILE NOW!!! FEE IS \$150:06 May 1, 2003 Fee will be \$550:00 Payable to Florida Department o	f State				ection Campaign Fir			D May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	TCERS AND I	DIRECTORS	: S IN 11	
TITLE	PSD	☐ Delete	TITLE	PSI		<u>, , , , , , , , , , , , , , , , , , , </u>		☐ Change	Addition	
l · · · · · · · · · · · · · · · · · · ·		NAME	Moeller, Rene A							
		STREET ADDRESS City-St-Zip	1900 Main St., Suite 310 Sarasota. FL 34236							
1ITLE	TD 🥳 ,	☐ Delete	TRLE	TD	•			☐ Change	Addition	
NAME CTOCCT ADDOCCC	STEENHOLT, ULF		NAME STREET ADDRESS	Ste	enholt	t, Ulf		. ^		
	KBAKIK BEARIX XIX RIMAR KBAKIK BEARIX XIX RIMARAI X R		CTIV-ST-ZIP	1900 Main St., Suite 310 Sarasota, FL 34236						
TITLE	D	☐ Delete	TOLE	D	Lasura,	, <u>FL 342</u>		Change	Addition	
HAME	OTZEN; JAN	11.5 <b>-</b> - , -	NAME =		zen, Ja	an 🔭 🔭			_	
	CHARTE BEARD, XIX 23450X		STREET ADDRESS Criv-S1-21P	190	00 Mair	n St., Su FL 342	ite 31 36	0		
TITLE	. <del></del>	☐ Delete	TOLE	D	•			☐ Change	★ Addition	
NAME STREET ADDRESS	121		NAME STREET ADDRESS	Sog	jaard,	Flemming St., Su	. La 21	0		
CITY-ST-ZIP			C(1Y-S1-2)P	Sar	asota.	FL 342	36	U		
TITLE		☐ Delete	TITLE	D				Change	Addition	
NAME			NAME	Olu	ınd, Da	vid R.				
STREET ADDRESS CITY-ST-2P		_	STREET ADDRESS City-St-21P	190		st., Su		0	-	
TITLE NAME	·	☐ Delete	TITLE		<del></del>	<del></del>		☐ Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-2P			CITY-ST-2IP				-			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). Florida Statutes. I further certify that the information indicated on this report or supplemental jepont 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										