

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98.00060022 ✓
1. Entity Name
Inketweb MARKETING, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90066 021 ***158.75

00061330

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
925 Indian River Dr
1
SEBASTIAN, FL 32958

2. Principal Place of Business 3. Mailing Address
8174 TERRAZA CT
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
ORLANDO FL
Zip Country Zip Country
32836

4. FEI Number 65-0852461 Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Robert Aidukas
925 Indian River Dr.
1
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent
Name Robert T Aidukas
Street Address (P.O. Box Number is Not Acceptable)
8174 TERRAZA CT
City ORLANDO FL Zip Code 32836

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 Robert Aidukas - President DATE 4-7-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<u>President</u>	<input checked="" type="checkbox"/> Delete	TITLE	<u>President</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Robert Aidukas</u>		NAME	<u>Robert Aidukas</u>	
STREET ADDRESS	<u>925 Indian River Dr. #1</u>		STREET ADDRESS	<u>8174 TERRAZA CT</u>	
CITY-ST-ZIP	<u>SEBASTIAN FL 32958</u>		CITY-ST-ZIP	<u>ORLANDO FL 32836</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Aidukas DATE 4-7-2000 DAYTIME PHONE # 407-226-1012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)