## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000068387 May 04, 2000 8:00 am Secretary of State 1. Entity Name UNITED INTERNET SERVICES, INC. 05-04-2000 90018 001 \*\*\*150.00 Principal Place of Business Mailing Address 1287 E NEWPORT CENTER DR 1287 E NEWPORT CENTER DR STE 209 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-7706 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State 4. FEI Number Applied For City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TILLEM, SCOTT E Street Address (P.O. Box Number is Not Acceptable) 10 FAIRWAY DRIVE SUITE 219 **DEERFIELD BEACH FL 33441** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS 🔀 Change Addition **PVTS** Delete TITLE TITLE NAME MANKUTA, BERNICE NAME Suite 207 1287 E NEWPORT CENTER DR STE 209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Change ☐ Delete TITLE TITLE 1287 E. Newport Center DR. Suite Deerfield Beach, FL 33442 MANKUTA, BERNICE NAME NAME STREET ADDRESS 10 FAIRWAY DRIVE #219 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

4-26-00 954-574-9298

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