

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097535

1. Entity Name

INTERNATIONAL NOTARY NETWORK OF FLORIDA, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90047 001 \*\*\*150.00

Principal Place of Business <del>28100 US HWY. 19 N</del> <del>SUITE 511</del> <del>CLEARWATER FL 33760</del> <b>PO Box 3786</b> <b>CLEARWATER</b> <b>FL 33775-3786</b>	Mailing Address <del>28100 US HWY. 19 N</del> <del>SUITE 511</del> <del>CLEARWATER FL 33761-2656</del> <b>SAME</b> <b>CHANGE</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  Suite, Apt. #, etc. <b>see above</b>		3. Mailing Address  Suite, Apt. #, etc. <b>see above</b>	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3543209</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**ROBBINS, BRUCE J**  
~~**28100 US HWY. 19 N**~~  
~~**SUITE 511**~~  
~~**CLEARWATER FL 33760**~~

7. Name and Address of New Registered Agent

Name **ROBBINS, BRUCE**  
Street Address (P.O. Box Number is Not Acceptable) **509 S. GREENWOOD AVE.**  
City **CLEARWATER** FL Zip Code **33756**

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 **3/1/00**

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBBINS, BRUCE J</b> <del><b>28100 US HWY. 19 N STE 511</b></del> <del><b>CLEARWATER FL 33760</b></del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBBINS, BRUCE J.</b> <b>509 S. GREENWOOD AVE</b> <b>CLEARWATER FL 33756</b>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DIRECTOR** DATE **3/1/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)