

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004088

1. Entity Name

E-COMMERCE INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90096 041 ***150.00

Principal Place of Business

Mailing Address

2415 OLD ST. AUGUSTINE RD.. #1122
 TALLAHASSEE FL 32301

2415 OLD ST. AUGUSTINE RD.. #1122
 TALLAHASSEE FL 32301-4966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3551550

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTEEL, WILLIAM B
 2074 MIDYETTE RD., #111
 TALLAHASSEE FL 32301

Name CASTEEL, WILLIAM B

Street Address (P.O. Box Number is Not Acceptable)
 2415 OLD ST. AUGUSTINE RD
 # 1122

City TALLAHASSEE

FL

Zip Code 32301

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 * *William B. Casteel*

3/7/2000

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)

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 Delete
 NAME P, V, S, T
 STREET ADDRESS WILLIAM B CASTEEL
 CITY-ST-ZIP 2415 OLD ST. AUGUSTINE RD #1122
 TALLAHASSEE, FL 32301

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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: * *William B. Casteel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000 850 212 1144
 Date Daytime Phone #

CR2E034 (9/99)