

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90075 036 \*\*\*158.75

C0032615



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000022055**

1. Entity Name

**INSTANT NEGOTIATOR, INC.**

Principal Place of Business

Mailing Address

% LAW OFFICES OF JENNIFER L. WHITELOW  
3838 TAMiami TRAIL NORTH, THIRD FLOOR  
NAPLES FL 34103% LAW OFFICES OF JENNIFER L. WHITELOW  
3838 TAMiami TRAIL NORTH, THIRD FLOOR  
NAPLES FL 34103-3590

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0923238

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITELOW, JENNIFER L  
3838 TAMiami TRAIL NORTH, THIRD FLOOR  
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
D'ALESSANDRO, FRANK R  
4516 LONGBOAT LANE  
FT. MYERS FL 33919 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8801 College Parkway Suite 1  
Fort Myers, Florida 33919 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/00

Daytime Phone #

CR2E034 (9/99)