

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037255

1. Entity Name

247MARKET.COM, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90040 050 ***158.75

Principal Place of Business

Mailing Address

FOUR WEST LAS OLAS BLVD., STE. 209
FORT LAUDERDALE FL 33301

FOUR WEST LAS OLAS BLVD., STE. 209
FORT LAUDERDALE FL 33301-1803

840140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4 W Las Olas Blvd.

4 W Las Olas Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 209

Ste. 209

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

4. FEI Number

65-0918748

Applied For

Not Applicable

Zip

Country

33301

USA

Zip

Country

33301

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Bruce C. Barber

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

4 W Las Olas Blvd.

Ste. 209

City

Ft. Lauderdale, FL

FL

Zip Code

33301

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.

Bruce C. Barber

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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 D
STREET ADDRESS BARBER, BRUCE C
CITY-ST-ZIP FOUR WEST LAS OLAS BLVD., STE. 209
FORT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BOOTH, BARRY J
CITY-ST-ZIP FOUR WEST LAS OLAS BLVD., STE. 209
FORT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce C. Barber

4/28/00

Date

(954) 523-2470

Daytime Phone #

CR2E034 (9/99)