

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040904

1. Entity Name

DOTMARKETING, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90008 044 \*\*\*150.00

Principal Place of Business

Mailing Address

3809 IRVINGTON AVE  
COCONUT GROVE FL 33133

3809 IRVINGTON AVE  
COCONUT GROVE FL 33133-6107

2. Principal Place of Business

95 merrick way

3. Mailing Address

95 merrick way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

300

City & State

coral gables, FL

City & State

coral gables, FL

4. FEI Number

05-0916284

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

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

BRIGHAM, TIMOTHY  
3809 IRVINGTON AVE  
COCONUT GROVE FL 33133

Name  
Brigham, Timothy

Street Address (P.O. Box Number is Not Acceptable)  
95 merrick way, ste. 300

City Coral gables

FL

Zip Code 33134

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

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 D  
NAME BRIGHAM, TIMOTHY  
STREET ADDRESS 3809 IRVINGTON AVE  
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE CEO  
NAME Brigham, Timothy  
STREET ADDRESS 95 merrick way, ste. 300  
CITY-ST-ZIP coral gables, FL 33172 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE CFO  
NAME mark fader  
STREET ADDRESS 95 merrick way, ste. 300  
CITY-ST-ZIP coral gables, FL 33172 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/99)