

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1/00-90042-010-\$150.00-\$150.00

DOCUMENT # P99000041624

1. Entity Name

INTERNET CD CORP.

FILED

00 APR -3 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00027001



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7350 S TAMiami TRAIL  
SARASOTA FL 34231

Mailing Address

7350 S TAMiami TRAIL  
SARASOTA FL 34231-7000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

650926889

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

CHERP, RONALD M  
3859 BEE RIDGE RD, SUITE 101  
SARASOTA FL 32301

7. Name and Address of New Registered Agent

Name

DARYL KELLER

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

7350 S TAMiami TR

City

SARASOTA

FL

Zip 34231

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

1/25/00

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

D  
KELLER, DARYL  
7350 S TAMiami TRAIL  
SARASOTA FL 34231

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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

Daryl Keller - President

3/28/00

Daytime Phone #

9417305393

CR2E034 (9/99)