

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED

Aug 08, 2000 8:00 am  
Secretary of State

08-08-2000 90002 006 \*\*\*400.00  
07-17-2000 90006 035 \*\*\*150.00

DOCUMENT # P99000048248

1. Entity Name

NMORE.COM, INC.

Principal Place of Business

3536-5 E. SANDPIPER DR.  
BOYNTON BEACH FL 33436

Mailing Address

3536-5 E. SANDPIPER DR.  
BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEL Number

65-0919812

Applied For

Not Applicable

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

KONST, GEORGE N  
3536-5 E. SANDPIPER DR.  
BOYNTON BEACH FL 33436

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
MANTELL, NANCY  
3536-5 E. SANDPIPER DR.  
BOYNTON BEACH FL 33436 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
GEORGE N. KONST  
3536-5 E. SANDPIPER DR.  
BOYNTON BEA, FL 33436 ☐ 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

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:

*George N. Konst*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-00 561-736-3900

Attachment  
D#P99000048248

DOO76641

George Nicholas Konst, Esq  
3536-5 E. Sandpiper Drive  
Boynton Beach, FL 33436  
(561) 736-3062

Monday, July 10, 2000 8:12 AM

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Nmore.com, Inc. waiver of late filing fee

Dear Ms. Harris,

Enclosed please find Nmore.com, Inc.'s check no. 10051 in the amount of ONE HUNDRED FIFTY (\$150.00) DOLLARS.

As we discussed in our telephone conversation of this date:

A: We were looking for the report form to file it.

B: No prior notice or reports were received by this office or we would have filed them in a timely manner.

C: As this is a new corporation with limited assets this would be an undue burden.

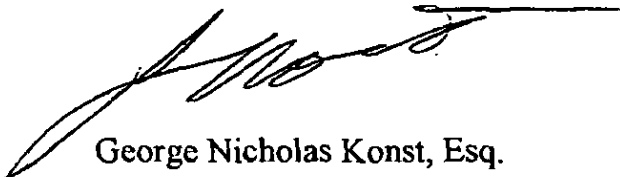
D: This check is being sent immediately upon being notified.

Therefore we respectfully require the late fee be waived and that you accept our check as payment in full.

As we have been advised by your office, in the future we will request a form if it not received in January each year from this point forward.

Thank you for your resolution and assistance in this matter.

Sincerely,



George Nicholas Konst, Esq.  
cc: Nancy Mantell