

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90081 025 ***158.75

DOCUMENT # P99000051455

1. Entity Name

INTERNET COMMERCE DEVELOPMENT, INC.

Principal Place of Business

7862 W IRLO BRONSON HWY PMB-129
 KISSIMMEE FL 33747-1769

Mailing Address

7862 W IRLO BRONSON HWY PMB-129
 KISSIMMEE FL 34747-1769

2. Principal Place of Business

208 King George Dr.
 Suite, Apt. #, etc.

3. Mailing Address

208 King George Dr.
 Suite, Apt. #, etc.

City & State

Davenport, FL

Zip Country
33837 USA

City & State

Davenport, FL

Zip Country
33837 USA

4. FEI Number

433-86-9538

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROBERTS, QUITMAN C
2101 CASSIA CIR #B
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name **Quitman C. Roberts**
 Street Address (P.O. Box Number is Not Acceptable)
208 King George Dr.
 City **Davenport** FL Zip Code **33837**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	Quitman C. Roberts	
STREET ADDRESS	208 King George Dr.	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE	T/S	<input type="checkbox"/> Delete
NAME	Sydney A. Roberts	
STREET ADDRESS	208 King George Dr.	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

J. Carley Roberts, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (863) 420-2289
 Date Daytime Phone #

CR2E034 (9/99)