2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 04, 2000 8:00 am
Secretary of State
05-16-2000 90083 038 ***150.00

DOCUMENT # P99000051802

1. Entity Name

THE INTERNET SHOPPING EXPERIENCE, INC.

Principal Place of Business	Mailing Address
4110 BELLE VISTA DR. ST. PETE BEACH FL 33706	4110 BELLE VISTA DR. ST. PETE BEACH FL 33706-3821

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4110 Belle Vista DR	4110 Belle Vista Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Pete Beach FL	City & State: St. Pete Beach FL
Zip: 33706 Country: Pinellas	Zip: 33706 Country: Pinellas

4. FEI Number: 59 - 3573853 ☐ 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
STOWELL, DEBORAH J 4110 BELLE VISTA DR. ST. PETE BEACH FL 33706	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 Sec NAME Deb STREET ADDRESS CITY-ST-ZIP	DEBORAH STOWELL 4110 Belle Vista DR St. Pete Beach FL 33706 ☐ Delete Sec/Tr	TITLE Sec NAME Tr STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	ROBERT STAMBAUGH 4110 BELLE VISTA DR ST. PETE BEACH FL 3370x ☐ Delete Pres	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	WAYNE STOWELL 4110 Belle Vista DR St. Pete BEACH FL 33701 ☐ Delete V.P	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

CR2E034 (9/99)

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: Deborah J Stowell 4/24/00 727-363-6204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #