

2000 UNIFORM BUSINESS REPORT (UBR)

4/24/00

FILED
May 18, 2000 8:00 am
Secretary of State

04-24-2000 90049 028 ***150.00

DOCUMENT # P99000063727

1. Entity Name

I ON U CORP.

Principal Place of Business

Mailing Address

4821 N.W. 1ST STREET
 PLANTATION FL 33317

4821 N.W. 1ST STREET
 PLANTATION FL 33317-2007

2. Principal Place of Business

3. Mailing Address

7468 NW 49 PLACE
 Suite, Apt. #, etc.

7468 NW 49 PLACE
 Suite, Apt. #, etc.

City & State

LAUDERHILL
 FLORIDA

Zip

Country

Zip

Country

33319 USA

33319 USA

4. FEI Number

65-0978274

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

GASTON, JOHN
 4821 N.W. 1ST STREET
 PLANTATION FL 33317

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

7468 NW 49 PLACE
 City LAUDERHILL FL Zip Code 33319

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	P	NAME	GASTON, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS			4821 N.W. 1ST STREET	
CITY-ST-ZIP			PLANTATION FL 33317	
TITLE	VP	NAME	GASTON, CARRIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			4821 N.W. 1ST STREET	
CITY-ST-ZIP			PLANTATION FL 33317	
TITLE	T	NAME	DUROSIER, NICOLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			4821 N.W. 1ST STREET	
CITY-ST-ZIP			PLANTATION FL 33317	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00