

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064422

1. Entity Name

TAG'EM.COM, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90146 038 ***150.00

Principal Place of Business

Mailing Address

8562 PARK HIGHLAND DRIVE
ORLANDO FL 32818

8562 PARK HIGHLAND DRIVE
ORLANDO FL 32818-5770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 885

City & State

City & State

GOTHA, FL

Zip

Country

Zip

Country

34734-0885

USA

4. FEI Number

59-3590618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN DEVENTER, THEODORE H
120 EAST MAPLE STREET
WINTER GARDEN FL 34777-1064

Name

LEWIS WASSERMAN

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

8562 PARK HIGHLAND DR.

City

ORLANDO

FL

Zip Code

32818

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

LEWIS WASSERMAN, PRESIDENT 1/4/00

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 ☐ Delete
NAME D
STREET ADDRESS WASSERMAN, LEWIS
CITY-ST-ZIP 8562 PARK HIGHLAND DRIVE
ORLANDO FL 32818

TITLE ☒ Change ☐ Addition
NAME P/D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEWIS WASSERMAN
PRESIDENT

Date

1/4/00

Daytime Phone #

407.578.2436

CR2E034 (9/99)