

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067608

1. Entity Name

MAKE YOUR.COM., INC.

Principal Place of Business

2 THORNBURY LANE
NEWTOWN PA 18940

Mailing Address

2 THORNBURY LANE
NEWTOWN PA 18940

2. Principal Place of Business

6 Hawthorn Drive

Suite, Apt. #, etc.

3. Mailing Address

6 Hawthorn Drive

Suite, Apt. #, etc.

City & State

Plainsboro, NJ

City & State

Plainsboro, NJ

Zip

08536

Country

U.S.

Zip

08536

Country

U.S.

4. FEI Number

59-3583020

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOUDA, MICHAEL
1224 ALEXANDRA CT.
ORLANDO FL 32804

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2001 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 ☐ Delete
NAME D
STREET ADDRESS GRANT, ROBERT B III
CITY-ST-ZIP 2 THORNBURY LANE
NEWTOWN PA 18940

TITLE ☐ Delete
NAME D
STREET ADDRESS DAVIS, MICHAEL
CITY-ST-ZIP 2 THORNBURY LANE
NEWTOWN PA 18940

TITLE ☐ Delete
NAME D
STREET ADDRESS GOUDA, MICHAEL
CITY-ST-ZIP 1224 ALEXANDRA CT.
ORLANDO FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Michael T. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael T. Davis

2/3/01
Date

407-496-2444
Daytime Phone #

00016156



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)