

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90010 033 ***150.00

0029454 AV

DOCUMENT # P99000073577
 1. Entity Name
EMARKET INK CORPORATION

Principal Place of Business
5000-H LIGHTHOUSE CIRCLE
COCONUT CREEK FL 33063

Mailing Address
5000-H LIGHTHOUSE CIRCLE
COCONUT CREEK FL 33063

2. Principal Place of Business
430 APPIAN WAY

3. Mailing Address
PO Box 1193

Suite, Apt. #, etc.

City & State
VENICE FL

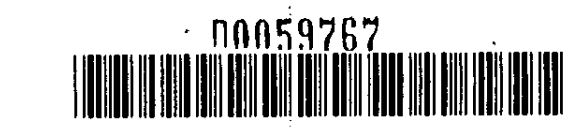
City & State
VENICE, FL

Zip
34293

Country
USA

Zip
34284

Country
USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOSEPH K. NOFIL, P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33139

4. FEI Number **65-0941676** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD STEWART, PHYLLIS 5000-H LIGHTHOUSE CIRCLE COCONUT CREEK FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/01 941-480-9003
Date Daytime Phone #

CR2E034 (5/01)