

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074113

1. Entity Name

INTERNET CARDS INTERNATIONAL, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90047 028 \*\*\*150.00

Principal Place of Business

Mailing Address

5117 CASTELLO DR. STE. 1  
NAPLES FL 34103

5117 CASTELLO DR. STE. 1  
NAPLES FL 34133-0279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

28000 Spanish Wells Blvd.

P.O. Box 279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

Bonita Springs, FL

Zip Country

34135

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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EBBINGHAUS, MARK  
5117 CASTELLO DR. STE. 1  
NAPLES FL 34103

Name

28000 Spanish Wells Blvd.

City Bonita Springs FL Zip Code 34135

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 D ☐ Delete

NAME EBBINGHAUS, MARK  
STREET ADDRESS 5117 CASTELLO DR. STE. 1  
CITY-ST-ZIP NAPLES FL 34103

TITLE D ☐ Delete

NAME AMBURN, JAMES W  
STREET ADDRESS 5117 CASTELLO DR. STE. 1  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete

NAME ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE ☒ Change ☐ Addition

NAME 28000 Spanish Wells Blvd.  
STREET ADDRESS Bonita Springs, FL 34135  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 28000 Spanish Wells Blvd.  
STREET ADDRESS Bonita Springs, FL 34135  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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: *M. Ebbinghaus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-2000

Date

Daytime Phone #

CR2E034 (9/99)