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2002 Uniform Business Report (UBR)

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Apr 08, 2002 8:00 am Secretary of State P99000074113 DOCUMENT # 1. Entity Name 04-08-2002 90070 006 ***150 00 INTERNET CARDS INTERNATIONAL, INC. Principal Place of Business Mailing Address P O BOX 279 28000 SPANISH WELLS BLVD. #200 BONITA SPRINGS FL 34133 **BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3592750 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMBURN, JAMES W Street Address (P.O. Box Number is Not Acceptable) 28000 SPANISH WELLS BLVD **BONITA SPRINGS FL 34135** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PVTD** ☐ Change TITLE 🗶 Delete TITLE ☐ Addition CR2E034 (9/01 GOLDBLUM, JEFF NAME NAME OTTO HAHN STR. 10 STREET ADDRESS STREET ADDRESS 63477 MAINTAL, GERMANY CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition TITLE Delete NAME BECKL, JUERGEN NAME OTTO HAHN STR. 10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 63477 MAINTAL, GERMANY CITY-ST-ZIP DPTVS TITLE Addition ☐ Delete TITLE ☐ Change JAMES W. AMBURN NAME NAME 28000 SPANISH WELLS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP <u>BONITA SPRINGS,</u> FL 34135 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and