

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90037 019 ***158.75

DOCUMENT # P99000074225

1. Entity Name
ORDERTAKING.COM, INC.



Principal Place of Business
**641 INLET ROAD
NORTH PALM BEACH FL 33408**

Mailing Address
**641 INLET ROAD
NORTH PALM BEACH FL 33408**

2. Principal Place of Business
2100 45TH ST

3. Mailing Address
2100 45TH ST

Suite, Apt. #, etc.
B6

Suite, Apt. #, etc.
B6

City & State
W.P.B. FL

City & State
W.P.B. FL

Zip
33408

Country
USA

Zip
33407

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0941921**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANK, MITCHELL
641 INLET RD
NORTH PALM BEACH FL 33408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/6/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **FRANK, MITCHELL S**
STREET ADDRESS **641 INLET ROAD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **VP** ☐ Change ☒ Addition
NAME **TODD MORICI**
STREET ADDRESS **300 COLFAX AVE**
CITY-ST-ZIP **CLIFTON N.J. 07013**

TITLE **VPTD** ☐ Delete
NAME **FRANK, KIMBERLY**
STREET ADDRESS **641 INLET ROAD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **VP** ☐ Change ☒ Addition
NAME **MARYLYNN MORICI**
STREET ADDRESS **300 COLFAX AVE**
CITY-ST-ZIP **CLIFTON N.J. 07013**

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

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

12. 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 10 or Block 11 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

DATE **1/6/03** DAYTIME PHONE # **561-844-8380**

CR2E034 (10/02)