

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000074410**

1. Entity Name

THE DOT COM.ORG, INC.**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90012 015 ***150.00

0493428

Principal Place of Business

**2732 NE 22 AVE
LIGHTHOUSE POINT FL 33064**

Mailing Address

**P O BOX 5640
LIGHTHOUSE POINT FL 33074**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0940106**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOUENIAS, DAVID
4921 N 37TH ST
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **Patrick de Vosjoli**Street Address (P.O. Box Number is Not Acceptable)
2732 NE 22 AVECity **Lighthouse Point FL** Zip Code **33064**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	DE VOSJOLI, PATRICK	PO BOX 5640	LIGHTHOUSE POINT FL 33074				
P	DOUENIAS, DAVID	PO BOX 5640	LIGHTHOUSE POINT FL 33074				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2001 (954) 788-3373
Date Daytime Phone #

CR2E034 (10/00)