

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079047

1. Entity Name

INTERNET FINANCIAL GROUP INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90048 025 ***150.00

Principal Place of Business

Mailing Address

N.E. 28TH AVENUE
LAUDERDALE FL 33308

5560 N.E. 28TH AVENUE
FT. LAUDERDALE FL 33308-3444

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

05-09484060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, PHILLIP ROWE
5560 N.E. 28TH AVENUE
FT. LAUDERDALE FL 33308

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 \$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**

i.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		NAME	Jones, Phillip Rowe
CITY-STATE-ZIP		STREET ADDRESS	5560 NE 28th Ave.
		CITY-STATE-ZIP	Ft. Lauderdale, FL 33308
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	

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

Date

Daytime Phone #

4/25/00 9543515001

CR2E034 (9/99)