

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079579

1. Entity Name

VIRTUALLINECARD.COM, INC, N/C12-15-99 ✓

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90039 018 \*\*\*150.00

Principal Place of Business

10888 65TH STREET NORTH  
PINELLAS PARK, FL 33782

Mailing Address

10888 65TH STREET NORTH  
PINELLAS PARK, FL 33782

2. Principal Place of Business

5444 Bay Center Drive

Suite, Apt. #, etc.

Suite 118

City & State

Tampa, FL 33609

Zip

Country

3. Mailing Address

5444 Bay Center Drive

Suite, Apt. #, etc.

Suite 118

City & State

Tampa, FL 33609

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3594807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIZIO, ARMANDO F.  
25400 U.S. 19 NORTH  
SUITE 210  
CLEARWATER, FL 33763

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

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
NICASTRO, BRIAN J.  
10888 65th STREET NORTH  
PINELLAS PARK, FL 33782 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPS  
SABBIDES, ERIC H.  
11110 104th AVENUE NORTH  
LARGO, FLORIDA 33709 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPS  
Jeffrey S. Holm  
13731 Barbados Drive  
Seminole, Florida 33776 ☐ Change ☒ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian J. Nicastro

04/30/00

(813) 288-2025

Date

Daytime Phone #

CR2E034 (9/99)