

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085834

1. Entity Name

EMONEYLINE, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90053 016 \*\*\*150.00

Principal Place of Business

Mailing Address

2335 SW 183RD TERR.  
MIRAMAR FL 33029

2335 SW 183RD TERR.  
MIRAMAR FL 33029-5255

2. Principal Place of Business

4801 S University Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

251

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

4. FEI Number

65-095-4890

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

Country

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

CHANEY, WILLIAM F  
580 NE 164TH ST.  
N. MIAMI BEACH FL 33162

Name

ROBERT K. CHANEY

Street Address (P.O. Box Number is Not Acceptable)

2100 WEST 76 STREET STE 211

City

HALEAH

FL

Zip Code  
33016

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)

4/28/00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME President, Director

STREET ADDRESS David Sherwood

CITY-ST-ZIP 15113 SW 138th

Miami, FL 33196

TITLE ☐ Delete

NAME Vice President, Director

STREET ADDRESS William Chaney

CITY-ST-ZIP 580 NE 164th

NMB, FL 33162

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME Secretary

STREET ADDRESS David Sherwood

CITY-ST-ZIP 15113 SW 138th

Miami, FL 33196

TITLE ☐ Delete

NAME Treasurer

STREET ADDRESS William Chaney

CITY-ST-ZIP 580 NE 164th

NMB, FL 33162

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

04/26/00

Date

(305) 220-3646

Daytime Phone #

CR2E034 (9/99)