

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

*[Signature]*

03 APR 29 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000088155

1. Entity Name  
SERVE-EM.COM, INC.



Principal Place of Business  
606 NORTH OLIVE AVE  
2ND FLOOR  
WEST PALM BEACH, FL 33401 US

Mailing Address  
606 NORTH OLIVE AVE  
2ND FLOOR  
WEST PALM BEACH, FL 33401 US

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  
65-0972348

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GIBSON, ROBERT  
606 NORTH OLIVE AVE.  
2ND FLOOR  
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name  
GIBSON, ROBERT  
Street Address (P.O. Box Number is Not Acceptable)

251 ROYAL PALM WAY #600A  
CITY PALM BEACH FL Zip Code 33480

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's signature required when reinstating)

DATE

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

TITLE PD ☐ Delete  
NAME GIBSON, ROBERT  
STREET ADDRESS 606 N OLIVE AVE 2ND FLOOR  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VPD ☒ Delete  
NAME COGGESHELL, TERRY R  
STREET ADDRESS 606 N OLIVE AVE 2ND FLOOR  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE S ☒ Delete  
NAME LACHANCE, ERIC  
STREET ADDRESS 606 N OLIVE AVE 2ND FLOOR  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D ☒ Delete  
NAME COOK, STEPHEN  
STREET ADDRESS 606 N OLIVE AVE 2ND FLOOR  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D ☒ Delete  
NAME HALL, ROBERT D  
STREET ADDRESS 606 N OLIVE AVE 2ND FLOOR  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D ☒ Delete  
NAME CLANTON, ANN  
STREET ADDRESS 606 N OLIVE AVE 2ND FLOOR  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME GIBSON, ROBERT  
STREET ADDRESS 251 ROYAL PALM WAY #600A  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D ☐ Change ☒ Addition  
NAME DOUG NAGEL  
STREET ADDRESS 251 ROYAL PALM WAY #600A  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Change ☐ Addition  
NAME 800020428048  
STREET ADDRESS 06/03/03--01047--031 \*\*458.75  
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/25/03

561-833-2556

Date

Daytime Phone #

CR2E034 (10/02)