

DOCUMENT #

1. Entity Name

INTERNET CAPITAL HOLDINGS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-25-2000 90002 039 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

224 DATURA STREET

3. Mailing Address

224 DATURA STREET

(Suite, Apt. #, etc.)

#900

(Suite, Apt. #, etc.)

#900

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

65-0960873

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PETER J. BUZANIS
409 35TH STREET
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-11-2000

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

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	CHIEF EXECUTIVE OFFICER	☐ Delete
NAME	Peter J. Buzanis	
STREET ADDRESS	409 35TH STREET	
CITY-STATE-ZIP	West Palm Beach, FL 33407	
NAME	PRESIDENT	☐ Delete
NAME	William E. Griffiths	
STREET ADDRESS	112 Pinewood Lane	
CITY-STATE-ZIP	Palm Beach Gardens, FL 33410	
NAME		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
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 or other like empowered.

SIGNATURE: William E. Griffiths

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2000 561-837-8088

Date

Daytime Phone