

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101662

1. Entity Name
DIGITAL USA.NET, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90185 037 ***150.00

Principal Place of Business

C/O BARBARA LANE
1882 W GARDENIA DR
CITRUS SPRINGS FL 34434

Mailing Address

C/O BARBARA LANE
1882 W GARDENIA DR
CITRUS SPRINGS FL 34434

2. Principal Place of Business

4017 N Lecanto Hwy
Suite, Apt. #, etc.

3. Mailing Address

4017 N Lecanto Hwy
Suite, Apt. #, etc.

City & State

Beverly Hills FL

City & State

Beverly Hills

Zip
34465

Country
US

Zip
34465

Country
US

4. FEI Number

59-3614974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANE, BARBARA
1882 W GARDENIA DR
CITRUS SPRINGS FL 34434

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 Barbara Lane
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/19/01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	LANE, JOHN E	
STREET ADDRESS	1882 W GARDENIA DR	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	LANE, BARBARA	
STREET ADDRESS	1882 W GARDENIA DR	
CITY-ST-ZIP	CITRUS SPRINGS FL 34430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Barbara Lane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)