

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000104610**

1. Entity Name

INTERACTIVE WEB MARKETING, INC.**FILED****May 22, 2000 8:00 am**
Secretary of State

05-22-2000 90132 004 ***150.00

Principal Place of Business

Mailing Address

**2455 EAST SUNRISE BLVD.
SUITE 905
FT. LAUDERDALE FL 33304****2455 EAST SUNRISE BLVD.
SUITE 905
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

777 Bayshore Dr.**777 Bayshore Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 404**Suite 404**

City & State

City & State

Ft. Lauderdale, FL**Ft. Lauderdale, FL**

4. FEI Number

☒ Applied For☐ Not Applicable

Zip

Country

Zip

Country

33304**USA****33304****USA**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

**GREENE, RICHARD P P.A.
2455 EAST SUNRISE BLVD.
SUITE 905
FT. LAUDERDALE FL 33304**

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D			
	GREENE, RICHARD P	2455 EAST SUNRISE BLVD. SUITE 905	FT. LAUDERDALE FL 33304	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P.				
	John Neilson	777 Bayshore Dr., Suite 404	Ft. Lauderdale, FL 33304		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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

John Neilson, President**AS PRESIDENT.**

4/4/00

Date

954-377-5200

Daytime Phone #