

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000105847**

1. Entity Name
ALUMNICARDS.COM, INC.

Principal Place of Business
**786 CONESTEE DRIVE
W. MELBOURNE FL 32904**

Mailing Address
**786 CONESTEE DRIVE
W. MELBOURNE FL 32904**

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 **36-4332058**

Applied For
Not Applicable

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

**OGDEN, DAVID
786 CONESTEE DRIVE
W. MELBOURNE FL 32904**

Name

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

**725 PALMER WAY
City MELBOURNE FL 32940**

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]

DAVID C. OGDEN

6-22-01

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGDEN, DAVID 786 CONESTEE DRIVE W. MELBOURNE FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGDEN, MYRON L 786 CONESTEE DRIVE W. MELBOURNE FL 32904	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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]

DAVID C. OGDEN

6-22-01 321-722-1309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-27-2001 90006 040 ***150.00
P99000105847
FILED

01 JUL 26 PM 4:57
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

7/1/01

ATTN: Tyrone

Tyrone.

Thank you for listening to me on the phone the other day when I explained my reason for requesting a waiver of the late filing fee for the UBR for the following corporations:

Alumnicards.com
Istudentloan.com
Studentcreditasia.com
Istandby.com

Per our telephone conversation, the reports were late due to medical emergency situation at home. My wife has been severely depressed for months and became suicidal. My energies have been consumed by her situation and I simply forgot to have the paperwork done. Not only did I forget to get that done on time, but when it was done two were submitted for corporations that are not active (studentcreditasia.com and istandby.com). I don't know if it's possible to get a refund for those two, but I am requesting a waiver of the late fees due to the unusual circumstances.

Sincerely,

M. Ogden

New address:
725 Palmer Way
Melbourne, FL 32940