

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0120778 AV

DOCUMENT # P99000105847

1. Entity Name

ALUMNICARDS.COM, INC.

04-02-2002 90084 006 ***150.00

Principal Place of Business

Mailing Address

786 CONESTEE DRIVE
W. MELBOURNE FL 32904

786 CONESTEE DRIVE
W. MELBOURNE FL 32904



2. Principal Place of Business

725 PALMER WAY

Suite, Apt. #, etc.

3. Mailing Address

725 PALMER WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEI Number

36-4332058

Applied For

Not Applicable

Zip 32940

Country US

Zip 32940

Country US

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
725 PALMER WAY
MELBOURNE FL 32940

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, 2002 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 D ☐ Delete
NAME OGDEN, DAVID
STREET ADDRESS 786 CONESTEE DRIVE
CITY-ST-ZIP W. MELBOURNE FL 32904

TITLE ☒ Change ☐ Addition
NAME 725 PALMER WAY
STREET ADDRESS MELBOURNE, FL 32940

TITLE D ☐ Delete
NAME OGDEN, MYRON L
STREET ADDRESS 786 CONESTEE DRIVE
CITY-ST-ZIP W. MELBOURNE FL 32904

TITLE ☒ Change ☐ Addition
NAME 725 PALMER WAY
STREET ADDRESS MELBOURNE, FL 32940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED DAVID OGDEN

3-25-02 321-254-7713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)