

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108080

1. Entity Name  
**VERTICALFORCE.COM, INC.**

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90064 030 \*\*\*158.75

Principal Place of Business  
**902 N. GADSDEN ST.  
TALLAHASSEE FL 32311**

Mailing Address  
**902 N. GADSDEN ST.  
TALLAHASSEE FL 32311**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3624093**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**GOLDBERG, STUART E  
2039 CENTRE POINTE BOULEVARD  
STE. 201  
TALLAHASSEE FL 32308**

## 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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PCEO MINDER, JEFFREY S 902 N. GADSDEN ST. TALLAHASSEE FL 32311</b>	
<b>STVP ESTEVEZ, ROBERT 902 N. GADSDEN ST. TALLAHASSEE FL 32311</b>	
<b>DVP PAUL, GLEN 902 N. GADSDEN ST. TALLAHASSEE FL 32311</b>	
<b>DCTO VERNON, STUART 902 N. GADSDEN ST. TALLAHASSEE FL 32311</b>	
<b>DCOO MOORE, RICHARD A 805 N. GADSDEN ST. TALLAHASSEE FL 32303</b>	
	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
	<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

**1/13/01** **850-222-6772**  
Date Daytime Phone #

CR2E034 (10/00)