

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-11-2001 90061 046 ***150.00

DOCUMENT # P99000109679

1. Entity Name

POIU.COM, INC.

Principal Place of Business

**120 UNIVERSITY PARK DRIVE #150
 WINTER PARK FL 32792**

Mailing Address

**120 UNIVERSITY PARK DRIVE #150
 WINTER PARK FL 32792**

47770

2. Principal Place of Business

4037 METRIC DRIVE

Suite, Apt. #, etc.

SUITE 120

City & State

WINTER PARK, FL

Zip

32792

Country

USA

3. Mailing Address

4037 METRIC DRIVE

Suite, Apt. #, etc.

SUITE 120

City & State

WINTER PARK, FL

Zip

32792

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VECCIA, DENNIS P
 120 UNIVERSITY PARK DRIVE
 SUITE 150
 WINTER PARK FL 32792**

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

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, 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	DT	<input type="checkbox"/> Delete
NAME	VECCIA, DENNIS	
STREET ADDRESS	120 UNIVERSITY PARK DR, STE 150	
CITY-STATE-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4037 Metric Dr, STE 120	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/26/01

Date

407-384-4200
X.1606

Daytime Phone

CR2E034 (10/00)

Attachment

Form **SS-4**(Rev. December 1995)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) POTU.COM, INC		3 Executor, trustee, "care of" name	
	2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b)	
	4a Mailing address (street address) (room, apt., or suite no.) 4037 METRIC DRIVE, SUITE 100		5b City, state, and ZIP code	
	4b City, state, and ZIP code WINTER PARK, FL 32792			
	6 County and state where principal business is located ORANGE, FLORIDA			
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► DENNIS P VECIA			
8a Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input checked="" type="checkbox"/> Other corporation (specify) ► C Corp <input type="checkbox"/> Trust _____ <input type="checkbox"/> Federal Government/military _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other (specify) ► _____ (enter GEN if applicable)		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FLORIDA Foreign country _____ <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Other nonprofit organization (specify) ► _____ <input type="checkbox"/> Other (specify) ► _____		
9 Reason for applying (Check only one box.)		<input type="checkbox"/> Banking purpose (specify) ► _____ <input checked="" type="checkbox"/> Started new business (specify) ► _____ <input type="checkbox"/> Changed type of organization (specify) ► _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify) ► _____ <input type="checkbox"/> Other (specify) ► _____		
10 Date business started or acquired (Mo., day, year) (See instructions.) 1/20/1999		11 Closing month of accounting year (See instructions.)		
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) None				
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)				
14 Principal activity (See instructions.) Internet Provider				
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A				
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.				
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.				
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.				
Name and title (Please type or print clearly.) DENNIS P VECIA, SECRETARY				
Signature [Signature] Date 5/29/01				
Note: Do not write below this line. For official use only.				
Please leave blank ► Geo. Ind. Class Size Reason for applying				