

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90039 018 ***150.00

DOCUMENT # P99000079579

1. Entity Name
VIRTUALLINECARD.COM, INC, N/C12-15-99 ✓

Principal Place of Business Mailing Address
10888 65TH STREET NORTH **10888 65TH STREET NORTH**
PINELLAS PARK, FL 33782 **PINELLAS PARK, FL 33782**

2. Principal Place of Business 3. Mailing Address
5444 Bay Center Drive **5444 Bay Center Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 118 **Suite 118**
 City & State City & State
Tampa, FL 33609 **Tampa, FL 33609**
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3594807 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MIZIO, ARMANDO F.
25400 U.S. 19 NORTH
SUITE 210
CLEARWATER, FL 33763

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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: DPT NAME: NICASTRO, BRIAN J. <input type="checkbox"/> Delete STREET ADDRESS: 10888 65th STREET NORTH CITY-ST-ZIP: PINELLAS PARK, FL 33782	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVPS NAME: SABBIDES, ERIC H. <input checked="" type="checkbox"/> Delete STREET ADDRESS: 11110 104th AVENUE NORTH CITY-ST-ZIP: LARGO, FLORIDA 33709	TITLE: DVPS NAME: Jeffrey S. Holm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 13731 Barbados Drive CITY-ST-ZIP: Seminole, Florida 33776
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Brian J. Nicastro** 04/30/00 (813) 288-2025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)