

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 16, 2001 8:00 am
Secretary of State

03-28-2001 90193 001 ***158.75

DOCUMENT # P00000083721

1. Entity Name
BUY OWNER, INC.

Principal Place of Business Mailing Address
5757 NORTH ANDREWS WAY 5757 NORTH ANDREWS WAY
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309

36857



DO NOT WRITE IN THIS SPACE

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 Applied For
65-1047153 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC.
350 EAST LAS OLAS BLVD SUITE 1800
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name **Charles S. Eckert**
 Street Address (P.O. Box Number is Not Acceptable)
5757 N Andrews Way
 City **Ft. Lauderdale FL** Zip Code **33309**

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 Charles Eckert DATE 4-10-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKERT, SCOTT A	NAME	
STREET ADDRESS	5757 NORTH ANDREWS WAY	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eckert, Charles S.	NAME	
STREET ADDRESS	5757 N Andrews Way	STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rae, David	NAME	
STREET ADDRESS	5757 N Andrews Way	STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Charles Eckert Date 3-26-01 (954) 771-7777
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)