

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

FILED

02 AUG 15 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100007674411--8

-09/12/02--01005--025

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # *P00000083721*

1. Entity Name
Buy Owner Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1192 E Newport Center Dr</i>		3. Mailing Address <i>1192 E Newport Center Dr</i>	
Suite, Apt. #, etc. <i># 200</i>		Suite, Apt. #, etc. <i>#200</i>	
City & State <i>Deerfield Beach FL</i>		City & State <i>Deerfield Beach FL</i>	
Zip <i>33442</i>	Country <i>USA</i>	Zip <i>33442</i>	Country <i>USA</i>

4. FEI Number <i>65-1047153</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Eckert, Charles S.*

Street Address (P.O. Box Number is Not Acceptable)
1192 E Newport Center Drive #200

City *Deerfield Beach* FL Zip Code *33442*

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) <input checked="" type="checkbox"/>	January 1 - May 1, Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D, CEO, Secretary Eckert, Scott A. 1192 E Newport Center Dr #200 Deerfield Beach, FL 33442</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D, P, T Eckert, Charles S. 1192 E Newport Center Dr #200 Deerfield Beach, FL 33442</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Asst S Eckert, Patricia A 1192 E Newport Center Dr #200 Deerfield Beach, FL 33442</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Asst T Sibyl M. Eckert 1192 E Newport Center Dr #200 Deerfield Beach, FL 33442</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Eckert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *8/9/02* (954) 202-7777

CR2E034B (12/01)