

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90002 004 ***150.00

DOCUMENT # P99000024786

1. Entity Name
AUCTIONSHARE, INC.

Principal Place of Business Mailing Address
14530 YONGE DRIVE POST OFFICE BOX 18601
JACKSONVILLE FL 32218 JACKSONVILLE FL 32229-8601

80018747

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 **59-3563706** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **BALL, JOHN S.**
 Street Address (P.O. Box Number is Not Acceptable)
1 INDEPENDENT DRIVE
SUITE 2600
 City **JACKSONVILLE FL** Zip Code **32202**

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 *John S. Ball* **2/8/00**
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. (See criteria on back)

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	
TITLE <input type="checkbox"/> Delete	PD
NAME	BOLTON, JEFFREY G
STREET ADDRESS	14830 YONGE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE <input type="checkbox"/> Delete	VD
NAME	STRINGFELLOW, JASON D
STREET ADDRESS	14830 YONGE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE <input checked="" type="checkbox"/> Delete	ST
NAME	BOLTON, REBECCA L
STREET ADDRESS	14830 YONGE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE <input type="checkbox"/> Delete	D
NAME	Richard M. Shlafer
STREET ADDRESS	1301 Riverplace Blvd., #750
CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE <input type="checkbox"/> Delete	D
NAME	James M. Degnan
STREET ADDRESS	1301 Riverplace Blvd., #750
CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE <input type="checkbox"/> Delete	D
NAME	Harold W. Shad, III
STREET ADDRESS	5031 Yacht Club Road
CITY-ST-ZIP	Jacksonville, Florida 32210

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
NAME	Richard M. Shlafer
STREET ADDRESS	1301 Riverplace Blvd., #750
CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
NAME	James M. Degnan
STREET ADDRESS	1301 Riverplace Blvd., #750
CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
NAME	Harold W. Shad, III
STREET ADDRESS	5031 Yacht Club Road
CITY-ST-ZIP	Jacksonville, Florida 32210

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.04, 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: *Jason D. Stringfellow* **JASON D. STRINGFELLOW** **1/19/00** **904-741-6829**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)