

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90034 005 \*\*\*150.00

**600496**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                                              |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # 309138</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           |                                                                                                                                              |                                                                   |
| 1. Entity Name<br><b>FEDERAL LIQUIDATORS &amp; AUCTION CO., INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                                                                                                              |                                                                   |
| Principal Place of Business<br><b>7859 S. PINE AVE (US 441).. STE 13<br/>OCALA FL 34480<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           | Mailing Address<br><b>7859 S. PINE AVE (US 441).. STE 13<br/>OCALA FL 34480<br/>US</b>                                                       |                                                                   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                                |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           | City & State                                                                                                                                 |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Country                                                                                                                   | Zip                                                                                                                                          | Country                                                           |
| 4. FEI Number <b>59-1211085</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                       |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           | \$8.75 Additional Fee Required                                                                                                               |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>HOFFMAN, W A<br/>SUITE #13<br/>7850 SO. PINE (US 441)<br/>OCALA FL 34480</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                                                                              |                                                                   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                                                                              |                                                                   |
| 11. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                        |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DPST<br>HOFFMAN, W A<br>SUITE #13 7850 SO. PINE (US 441)<br>OCALA FL 34480 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VPD<br>HOFFMAN, EDWINA J<br>SUITE #13-7850 SO. PINE (US 441)<br>OCALA FL 34480 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VPD<br>HOFFMAN, P M<br>SUITE #13-7850 SO. PINE (US 441)<br>OCALA FL 34480 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VPD<br>HOFFMAN, M A<br>SUITE #13-7850 SO. PINE (US 441)<br>OCALA FL 34480 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 persons empowered. |                                                                                                                           |                                                                                                                                              |                                                                   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           | Date <b>1-04-01</b> Daytime Phone #                                                                                                          |                                                                   |

CR2E034 (10/00)