

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90062 048 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 650007																																										
1. Entity Name BUY N SAVE, INC.																																										
Principal Place of Business 661 E. HATHAWAY AVE. BRONSON FL 32621		Mailing Address P.O. BOX 1568 BRONSON FL 32621																																								
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 59-2022977		Applied For <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		7. Name and Address of New Registered Agent																																								
FUGATE, NORM E 444 N.W. MAIN ST., STE 1 P.O. BOX 98 WILLISTON FL 32696		Name																																								
		Street Address (P.O. Box Number is Not Acceptable)																																								
		City																																								
		<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																								
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																								
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:50%;"> ST RUTLAND, MARY JANE RT. 1, BOX 112 WILLISTON FL </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> P MOXLEY, JOHN S 305 NW 1 ST WILLISTON FL </td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUTLAND, MARY JANE RT. 1, BOX 112 WILLISTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOXLEY, JOHN S 305 NW 1 ST WILLISTON FL	<input type="checkbox"/> Delete																			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUTLAND, MARY JANE RT. 1, BOX 112 WILLISTON FL	<input type="checkbox"/> Delete																																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOXLEY, JOHN S 305 NW 1 ST WILLISTON FL	<input type="checkbox"/> Delete																																								
TITLE NAME STREET ADDRESS 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 or other like empowered.																																										
SIGNATURE: <i>[Signature]</i>		JOHN S MOXLEY Date: 1/5/01 (552) 486-1944 Daytime Phone #																																								

CR2E034 (10/00)