

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90083 021 \*\*\*158.75

**DOCUMENT # F96000003352**

1. Entity Name  
**BIDNASK.COM, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>4820 BAYSHORE DR.<br/>NAPLES FL 34112</b> | Mailing Address<br><b>4820 BAYSHORE DR.<br/>NAPLES FL 34112-7337</b> |
|---|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>200 Patriot Way</b> | 3. Mailing Address<br><b>200 Patriot Way</b> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                          |



DO NOT WRITE IN THIS SPACE

|  |                                  |                                       |  |
|--|----------------------------------|---------------------------------------|--|
| City & State<br><b>Naples FL</b>                                     | City & State<br><b>Naples FL</b> | 4. FEI Number<br><b>65-0668696</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>34104</b>  | Country<br><b>US</b>             | Zip<br><b>34104</b>                   | Country<br><b>US</b>                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |                                  | <b>\$8.75</b> Additional Fee Required |  |

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BYOUK, BETTE**  
**4820 BAYSHORE DR.**  
**NAPLES FL 33962**

|  |
|--|
| Name<br><b>Bette Byouk</b>   |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>200 Patriot Way</b> |
| City<br><b>Naples</b>  |
| State<br><b>FL</b>   |
| Zip Code<br><b>34104</b>   |

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 *Bette Byouk, Treasurer/Secretary* DATE 4-25-2000  
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. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PDC</b><br><b>LENNANE, JAMES P</b><br><b>4820 BAYSHORE DR.</b><br><b>NAPLES FL 34112</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>200 Patriot Way</b><br><b>Naples, FL 34104</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PDC</b><br><b>BYOUK, BETTE</b><br><b>4820 BAYSHORE DR.</b><br><b>NAPLES FL 34112</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>TS</b><br><b>200 Patriot Way</b><br><b>Naples, FL 34104</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CATCHOT, JAMES S</b><br><b>3880 SEAPORT BLVD.</b><br><b>W. SACRAMENTO CA 95691</b> <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 | <b>D</b><br><b>ZAISER, LENOIR</b><br><b>3784 MERCANTILE AVE.</b><br><b>NAPLES FL 34102</b> <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 like empowered.

SIGNATURE: *Bette Byouk, Treasurer/Secretary* DATE 4-25-2000 (941) 732-5500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBR 01.1 J

CR2E034 (9/99)