

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001473

1. Entity Name  
AUCTIONANYTHING.COM, INC.

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90014 015 \*\*\*150.00

Principal Place of Business

P.O. BOX 520846  
LONGWOOD FL 32752

Mailing Address

P.O. BOX 520846  
LONGWOOD FL 32752

2. Principal Place of Business

35 W Pine St.  
Suite, Apt. #, etc.  
Suite 227

3. Mailing Address

35 W Pine St.  
Suite, Apt. #, etc.  
Suite 227

City & State

Orlando, FL  
Zip 32801 Country USA

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Orlando, FL  
Zip 32801 Country USA

4. FEI Number 13-2640971

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.  
200 S. ORANGE AVE., STE. 2300  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: Baker + Hostetler \* Not new registered agent - just a correction  
Street Address (P.O. Box Number is Not Acceptable): 200 S. Orange Ave., Suite 2300  
City: Orlando FL Zip Code: 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	CPS HOTALING, RAYMOND J III 550 DEVONSHIRE BLVD. LONGWOOD FL 32750 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KURIR, DENNIS A 550 DEVONSHIRE BLVD. LONGWOOD FL 32750 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MEADS, MARTIN M 550 DEVONSHIRE BLVD. LONGWOOD FL 32750 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 35 W Pine St., Suite 227 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 35 W Pine St., Suite 227 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DCEO 35 W Pine St., Suite 227 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00  
Date

407/481-2140  
Daytime Phone #

CR2E034 (5/00)

Attachment Doc#: F990000001473  
A0078386



September 12, 2000

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Document #F99000001473

Enclosed you will find a Uniform Business Report for 2000 along with my payment of \$150. I would like your consideration to waive the \$400 penalty since I never received the original report. I no longer have access to the PO box where the original reports were mailed and I only received the second notice reports a few days ago. I have changed the necessary information to alleviate this situation in the future.

Thank you in advance for your attention to this matter. If you have any questions, please do not hesitate to contact me at 407-481-2140.

Sincerely,

A handwritten signature in cursive script that reads "Janet Miller".

Janet Miller  
AuctionAnything.com, Inc.