

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90215 049 ***150.00

DOCUMENT # F990000001473

1. Entity Name
AUCTIONANYTHING.COM, INC.

Principal Place of Business

35 W PINE STREET
 STE 227
 ORLANDO FL 32801

Mailing Address

35 W PINE STREET
 STE 227
 ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(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 \$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 ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CPS	☐ Delete
NAME	HOTALING, RAYMOND J III	
STREET ADDRESS	550 DEVONSHIRE BLVD.	
CITY-STATE-ZIP	LONGWOOD FL 32750	
TITLE	DCEO	☒ Delete
NAME	KURIR, DENNIS A	
STREET ADDRESS	550 DEVONSHIRE BLVD.	
CITY-STATE-ZIP	LONGWOOD FL 32750	
TITLE	DVT	☐ Delete
NAME	MEADS, MARTIN M	
STREET ADDRESS	550 DEVONSHIRE BLVD.	
CITY-STATE-ZIP	LONGWOOD FL 32750	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCPS	☒ Change ☐ Addition
NAME	Hotaling, Raymond J.	
STREET ADDRESS	35 W. Pine St., Suite 227	
CITY-STATE-ZIP	Orlando, FL 32801	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	DT	☒ Change ☐ Addition
NAME	Meads, Martin M.	
STREET ADDRESS	35 W. Pine St., Suite 227	
CITY-STATE-ZIP	Orlando, FL 32801	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

Date

Daytime Phone #

CR2E034 (10/00)