

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012094

1. Entity Name

POSITIVE BUYS.NET, LLC

Principal Place of Business

2519 McMULLEN BOOTH ROAD, SUITE 510-254  
CLEARWATER FL 33761

Mailing Address

2519 McMULLEN BOOTH ROAD, SUITE 510-254  
CLEARWATER FL 33761

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

01 SEP 10 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3672962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CROSSLAND, FRANK N  
29605 U.S. 19 N. SUITE 330  
CLEARWATER FL 33761

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME IVY N. VILLAFANA  
STREET ADDRESS 2519 McMULLEN BOOTH RD, Ste 510-254  
CITY-ST-ZIP CLEARWATER, FL 33761

☐ Delete

TITLE MGR  
NAME JAMES VILLAFANA  
STREET ADDRESS 2519 McMULLEN BOOTH RD, Ste 510-254  
CITY-ST-ZIP CLEARWATER, FL 33761

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME 800004603368-6  
STREET ADDRESS -09/20/01--01095--010  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*James Villafana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/5/01

727-535-8222

CR2E083 (5/01)