

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L91978**

Entity Name

**AUCTIONEERING SERVICES, INCORPORATED****FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90025 001 \*\*\*150.00

Principal Place of Business

Mailing Address

BOX 3258

P. O. BOX 3258

FL 33509-3258

BRANDON FL 33509-3258

**714250**

Principal Place of Business

3. Mailing Address

P.O. Box 128

P.O. Box 128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

VALRICO, FL

City &amp; State

VALRICO, FL

Zip Country

3595-0128 HILLS

Zip

33594-0128

Country

HILLS

4. FEI Number

59-3025728

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BASS, S.A.  
3022 CUNARD DR  
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

RON SMITH

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

3022 CUNARD DR

VALRICO

City

FL

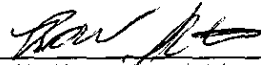
Zip Code

33594

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

RON SMITH



2/14/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

OFFICERS AND DIRECTORS

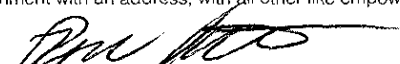
11. OFFICERS AND DIRECTORS	<input checked="" type="checkbox"/> Delete
NAME	BASS, S.A.
STREET ADDRESS	14320 NORTH WOOTEN ROAD
CITY-STATE-ZIP	DOVER FL
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	RON SMITH	3022 CUNARD DR	VALRICO, FL 33594	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2/14/00

Daytime Phone #

CR2E034 (9/99)