

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007214

1. Entity Name
AUCTIONPERFECT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 10:20

Principal Place of Business

14830 YOUNGER DRIVE
JACKSONVILLE FL 32218

Mailing Address

P.O. BOX 18601
JACKSONVILLE FL 32229-8601

2. Principal Place of Business

14830 YONGE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

Zip

Country

32218

USA

Country

4. FEI Number

~~59-3563706~~

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALL, JOHN S
% FISHER, TOUSEY, LEAS & BALL
1 INDEPENDEN DR., SUITE 2600
JACKSONVILLE FL 32202

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME ~~JOFF BOUTON~~
STREET ADDRESS ~~14830 YONGE DRIVE~~
CITY-ST-ZIP ~~JACKSONVILLE, FL 32218~~

TITLE ☐ Delete
NAME ~~VIC PRESIDENT~~
STREET ADDRESS ~~JASON D STRINGFELLOW~~
CITY-ST-ZIP ~~14830 YONGE DRIVE~~
~~JACKSONVILLE, FL 32218~~

TITLE ☐ Delete
NAME MGRM 199000024786
STREET ADDRESS AUCTIONSWARE, INC.
CITY-ST-ZIP 14830 YONGE DRIVE
JACKSONVILLE, FL 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

~~SIGNATURE REQUIRED~~

JASON D. STRINGFELLOW 1/19/00

904-741-6829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)