

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008144

Entity Name

BUYDATANOW.COM, L.L.C.

FILED

01 SEP 26 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5728 MAJOR BLVD., STE. 650  
ORLANDO FL 32819

Mailing Address

5728 MAJOR BLVD., STE. 650  
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9/26

DO NOT WRITE IN THIS SPACE

Attached  
APPLIED FOR

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKPATRICK & LOCKHART, LLP  
201 S. BISCAYNE BLVD., 20TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Steven Cohen

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

5728 Major Blvd Ste 650

City Orlando

FL

Zip Code 32819

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)

9/25/01  
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR ☐ Delete  
STREET ADDRESS COHEN, STEVEN  
CITY-ST-ZIP 10225 BIRCH TREE LANE  
WINDERMERE FL 34786

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

9/25/01

407.876.5544

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

CR2E083 (5/01)

STAPLE CHECK HERE

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

Buydata now.com LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

5728 Major Blvd Ste 650

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Orlando FL 32819

5b City, state, and ZIP code

6 County and state where principal business is located

Orange, FL7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Steven Chen

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ Personal service corp.☐ REMIC☐ National Guard☐ State/local government☐ Farmers' cooperative☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☒ Other corporation (specify) ► disregarded entity☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FL

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ► Business Services☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

4/00

11 Closing month of accounting year (see instructions)

12/31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . .

1/1/01

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . .

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ► Selling Direct Marketing Lists Online15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No  
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☐ Other (specify) ►☒ Business (wholesale)☐ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(407) 876-5544

Fax telephone number (include area code)

(407) 352-6362

Name and title (Please type or print clearly.)

Steven R. Chen, Manager

Signature ►

Date ► 9/25/01

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying