

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90101 034 \*\*\*150.00

**DOCUMENT # P00000008090**

1. Entity Name  
**BUYAT.NET, INC.**

Principal Place of Business  
**615 CAPE CORAL PARKWAY, #207**  
**CAPE CORAL FL 33914**

Mailing Address  
**615 CAPE CORAL PARKWAY, #207**  
**CAPE CORAL FL 33914**

**R0055617**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2037 SE 28th Terr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2037 SE 28th Terr.**  
 Suite, Apt. #, etc.

City & State  
**CAPE Coral, FL**  
 Zip  
**33904**  
 Country  
**USA**

City & State  
**CAPE Coral, FL**  
 Zip  
**33904**  
 Country  
**USA**

4. FEI Number  
**65-1021070**  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SMITH, LAWRENCE R**  
**2037 S.E. 28TH TERRACE**  
**CAPE CORAL FL 33904**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P/D LAWRENCE R. Smith</b>
STREET ADDRESS	<b>2037 SE 28th Terr</b>
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S/T Anne M. Smith</b>
STREET ADDRESS	<b>2037 SE 28th Terr</b>
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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: Anne M. Smith  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 941-541-1157  
 Date Daytime Phone #

CR2E034 (10/00)