

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90202 044 ***150.00

DOCUMENT # P00000049465

1. Entity Name
BIDSHOP, INC.

Principal Place of Business
**3936 S.W. 27TH CT.
 CAPE CORAL FL 33914**

Mailing Address
**3936 S.W. 27TH CT.
 CAPE CORAL FL 33914**

2. Principal Place of Business
1723 SE 4TH TERRACE
 Suite, Apt. #, etc.

3. Mailing Address
1723 SE 4TH TERRACE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL FL
 Zip
33904
 Country
USA

City & State
CAPE CORAL FL
 Zip
33904
 Country
USA

4. FEI Number ☒ Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ESTIME, GILBERT
 17454 S.W. 79 CT.
 MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name **PETER R. SPARY**
 Street Address (P.O. Box Number is Not Acceptable)
1723 SE 4TH TERRACE
 City **CAPE CORAL** FL Zip Code **33904**

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:

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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 NAME STREET ADDRESS CITY-ST-ZIP	P SPARY, PETER 3936 S.W. 27TH CT. CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPARY, PETER 1723 SE 4TH TERRACE CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (941) 945-6433
 Date Daytime Phone #

CR034 (10/00)