2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000097894**

1. Entity Name
SHARPERSAVER.COM, INC.

Principal Place of Business	Mailing Address
4737 NE 25TH AVE., #101	4737 NE 25TH AVE., #101
FT. LAUDERDALE FL	FT. LAUDERDALE FL
33308	33308

2. Principal Place of Business	3. Mailing Address
4682 ST. SIMON DRIVE	4682 ST. SIMON DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT CREEK FL	City & State: COCONUT CREEK FL
Zip: 33073 Country:	Zip: 33073 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1051167** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIRKLAND THOMAS C
4737 NE 25TH AVE., #101
FT. LAUDERDALE FL
33308

7. Name and Address of New Registered Agent

Name: KIRKLAND THOMAS C
Street Address (P.O. Box Number is Not Acceptable): 4682 ST. SIMON DRIVE
City: COCONUT CREEK **FL** Zip Code: 33073

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 ______________________ 04/26/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Field	Entry	
TITLE	S	☐ Delete
NAME	KIRKLAND MICHELLE R	
STREET ADDRESS	4737 NE 25TH AVE., #101	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	P	☐ Delete
NAME	KIRKLAND THOMAS C	
STREET ADDRESS	4737 NE 25TH AVE., #101	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Entry	
TITLE	S	☒ Change ☐ Addition
NAME	KIRKLAND MICHELLE R	
STREET ADDRESS	4682 ST. SIMON DRIVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	P	☒ Change ☐ Addition
NAME	KIRKLAND THOMAS C	
STREET ADDRESS	4682 ST. SIMON DRIVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Michelle R. S. Kirkland S 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #