

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90804 030 ***158.75

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DOCUMENT # P01000030376

1. Entity Name
BUYER'S NETWORK U.S. INC.



Principal Place of Business
**6482 LINDSAY CRESCENT
NIAGARA FALLS, ONTARIO
CANADA. LZG 5E5**

Mailing Address
**6482 LINDSAY CRESCENT
NIAGARA FALLS, ONTARIO
CANADA. LZG 5E5**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0558832 **APPLIED FOR** **102001 YZ**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUPOLO, STEVEN
890 A1A BEACH BLVD.
ST. AUGUSTINE FL 32080**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, JOSEPH S	
STREET ADDRESS	6482 LINDSAY CRESCENT, NIAGARA FALLS	
CITY-ST-ZIP	ONTARIO, CANADA LZG 5E5	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, KATHY L	
STREET ADDRESS	6482 LINDSAY CRESCENT, NIAGARA FALLS	
CITY-ST-ZIP	ONTARIO, CANADA LZG 5E5	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Kathy L. Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April
APRIL 21/03 **905-354-7253**
Date Daytime Phone #

CR2E034 (10/02)