2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with an addr

SIGNATURE:

Jun 25, 2002 8:00 am Secretary of State **DOCUMENT #** P01000033867 05-28-2002 91630 024 ***150 00 1. Entity Name PURCHASING ALLIANCE, INC. Principal Place of Business Mailing Address 6624 GATEWAY AVE 6624 GATEWAY AVE 94857 SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1091922 Not Applicable Zip Country ZΙρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS, KURT Street Address (P.O. Box Number is Not Acceptable) 6624 GATEWAY AVE SARASOTA FL 34231 City Zip Code FI 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 titls if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Bo After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition (9/04) NAME Lewis, Kurt NAME STREET ADDRESS 6624 GATEWAY AVE STREET ADDRESS CR2E034 CITY-ST-7IP SARASOTA FL 34231 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITEE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

FILED

Daytime Phone (

May 10, 2002

Florida Department of State Division Of Corporations Uniform Business Report Filings Post Office Box 1500 Tallahassee, FL 32302-1500 Attachment #
Document #
P01000033867

To whom It May Concern,

We are submitting this report late. The form was sent to me at an incorrect address from the registered agent.

Please accept this as our annual filing. Thank you.

Mike Hibnick

For Purchasing Alliance, Inc.

(941) 921-5595

enc. Check for \$150.00