

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91092 002 \*\*\*150.00

DOCUMENT # **P01000109346**

1. Entity Name  
**A CASH BUYER DOT COM, INC.**



Principal Place of Business

~~4308 70TH DR. EAST~~  
~~SARASOTA FL 34243~~

Mailing Address

~~4308 70TH DR. EAST~~  
~~SARASOTA FL 34243~~

**P.O. Box 51804, SARASOTA FL 34232**



2. Principal Place of Business

**SAME**

3. Mailing Address

**P.O. Box 51804, ~~FL~~**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**01-0710069**

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

**SARASOTA FL**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34232**

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

**FUNK, TROY**

~~4308 70TH DR. EAST~~  
~~SARASOTA FL 34243~~

**P.O. Box 51804  
SARASOTA, FL 34232**

Name

**TROY FUNK**

Street Address (P.O. Box Number is Not Acceptable)

**208 22ND STREET N.E.**

City

**BRADENTON**

FL

Zip Code

**34208**

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)

**3/13/03**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FUNK, TROY</b>	
STREET ADDRESS	<del>4308 70TH DR. EAST</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34243</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**TROY FUNK 3/13/03 (41) 365-8769**

Date

Daytime Phone #

CR2E034 (10/02)