FILED
Feb 18, 2003 8:00 am
Secretary of State
02-18-2003 90109 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000021933

1. Entity Name
GOBUYS.COM, INC.

90029504

Principal Place of Business	Mailing Address
906 SOUTHWEST ST. LUCIE WEST BLVD. SUITE #249 PORT ST. LUCIE, FL 34986-1766	906 SOUTHWEST ST. LUCIE WEST BLVD. SUITE #249 PORT ST. LUCIE, FL 34986-1766

2. Principal Place of Business	3. Mailing Address
622 NW STANFORD LN	622 NW STANFORD LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. LUCIE, FL	City & State: PORT ST LUCIE, FL
Zip: 34983 Country: USA	Zip: 34983 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0619095 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: MICHAEL R. LABOUEF
Street Address (P.O. Box Number is Not Acceptable): 622 NW STANFORD LANE
City: PORT ST. LUCIE FL Zip Code: 34983

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] MICHAEL R. LABOUEF, PRESIDENT 2-10-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD LABOUEF, MICHAEL R 906 SOUTHWEST ST. LUCIE WEST BLVD. PORT ST. LUCIE, FL 349861766 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PSTD LABOUEF MICHAEL R. 622 NW STANFORD LANE PORT ST LUCIE, FL 34983
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] MICHAEL R. LABOUEF 2-10-03 (772)873-9430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #