

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021890

1. Entity Name

BUY SERVICES INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90148 020 ***158.75

Principal Place of Business
2708 N AUSTRALIAN AVE
SUITE 7
WEST PALM BEACH FL 33407

Mailing Address
2708 N AUSTRALIAN AVE
SUITE 7
WEST PALM BEACH FL 33407-4529

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0407621

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BROWN, NINA
2708 N AUSTRALIAN AVE
SUITE 7
WEST PALM BEACH FL 33407

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, LINDA C	
STREET ADDRESS	5640 SW 4 ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JIMMIE	
STREET ADDRESS	5640 SW 4 ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, NINA	
STREET ADDRESS	131 HAWTHORNE DR	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, MASON	
STREET ADDRESS	131 HAWTHORNE DR	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHTON, BETTYE W	
STREET ADDRESS	2200 AVE F	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHTON, OTIS JR.	
STREET ADDRESS	2200 AVE F	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000

(561) 835-4813

Date

Daytime Phone #

CR2E034 (9/99)