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Jul 10, 2001 8:00 am
Secretary of State

05-22-2001 90031 029 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P94000092985</u>					
1. Entity Name (ELECTRONIC MART) S&R PURCHASING INC					
Principal Place of Business 5540 WESTVIEW DRIVE ORLANDO FL 32810			Mailing Address SAME		
2. Principal Place of Business			3. Mailing Address		
Subs. Apt. #, etc.			Subs. Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0543879	
				Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent SARDINE, BRIAN 5540 WESTVIEW DRIVE ORLANDO FL 32810				7. Name and Address of New Registered Agent 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 <u>Brian Sardine</u> BRIAN SARDINE <u>6/28/01</u> Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)					
9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back) ☐				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	President ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	Brian Sardine		NAME		
STREET ADDRESS	5540 Westview Drive		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32810		CITY-ST-ZIP		
TITLE	Secretary ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	Carletha Johnson		NAME		
STREET ADDRESS	5540 Westview Drive		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32810		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 filers empowered.					
SIGNATURE: <u>Brian Sardine</u> BRIAN SARDINE <u>4/30/01</u> <u>407-523-0159</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2004 (11/00)