

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037465

1. Entity Name

BUYMART.COM, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90178 017 ***150.00

Principal Place of Business Mailing Address
BELLE ISLE AVENUE 612 BELLE ISLE AVENUE
BEACH FL 33786 BELLEAIR BEACH FL 33786-3614
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3377707

Applied For
Not Applicable

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

DAVIS, JAMES R JR.
612 BELLE ISLE AVENUE
BELLEAIR BEACH FL 33786

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	DAVIS, JAMES R JR.	
STREET ADDRESS	612 BELLE ISLE AVENUE	
CITY-ST-ZIP	BELLEAIR BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MARCIA E	
STREET ADDRESS	612 BELLE ISLE AVENUE	
CITY-ST-ZIP	BELLEAIR BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ROBERT SCOTT	
STREET ADDRESS	44 STRAWBERRY HILL AVE #111	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, ALLEN L	
STREET ADDRESS	585 OLD STAMFORD ROAD	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERS, MARCIA	
STREET ADDRESS	11863 RAIN TREE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. DAVIS, JR. 04-12-00 727-593-3754

Date

Daytime Phone #

CR2E034 (9/99)