

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000037465

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

Entity Name: BUYMART.COM, INC.

## Current Principal Place of Business:

612 BELLE ISLE AVENUE  
BELLEAIR BEACH, FL 33786 US

## New Principal Place of Business:

## Current Mailing Address:

612 BELLE ISLE AVENUE  
BELLEAIR BEACH, FL 33786 US

## New Mailing Address:

FEI Number: 59-3377707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DAVIS, JAMES R JR.  
Address: 612 BELLE ISLE AVENUE  
City-St-Zip: BELLEAIR BEACH, FL

Title: D ( ) Delete  
Name: DAVIS, MARCIA E  
Address: 612 BELLE ISLE AVENUE  
City-St-Zip: BELLEAIR BEACH, FL

Title: D ( ) Delete  
Name: DAVIS, ROBERT SCOTT  
Address: 44 STRAWBERRY HILL AVE #111  
City-St-Zip: STAMFORD, CT 06902

Title: D ( ) Delete  
Name: STEVENS, ALLEN L  
Address: 585 OLD STAMFORD ROAD  
City-St-Zip: NEW CANAAN, CT

Title: D ( ) Delete  
Name: RIVERS, MARCIA  
Address: 11863 RAINTREE DRIVE  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DAVIS, ROBERT SCOTT  
Address: 990 WOODBINE WAY, APT. 912  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. DAVIS, JR.

PD

04/23/2002

Electronic Signature of Signing Officer or Director

Date