

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038926

1. Entity Name

BID.COM USA, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90045 017 ***550.00

Principal Place of Business
270 NORTH ROCK POINT DRIVE
SUITE 510
TAMPA FL 33601
US

Mailing Address
6725 AIRPORT RD
STE 201
MISSISSAUGA ON L4T1T1
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MISSISSAUGA

4. FEI Number 59-3376739

Applied For

Not Applicable

Zip

Country

Zip L4V 1V2
Country CANADA

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

HIGBEE, R A
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 CD
NAME GODIN, PAUL
STREET ADDRESS 2701 NORTH ROCKY POINT DRIVE, STE. 510
CITY-ST-ZIP TAMPA FL 33609-1013 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PTD
NAME LYMBURNER, JEFF
STREET ADDRESS 2701 NORTH ROCKY POINT DRIVE, STE. 510
CITY-ST-ZIP TAMPA FL 33609-1013 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BOWES, BRENT
STREET ADDRESS 2701 NORTH ROCKY POINT DRIVE, STE. 510
CITY-ST-ZIP TAMPA FL 33609-1013 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

9/8/2000

Date

888-750-7467

Daytime Phone #

CP2E034 (5/00)