

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90051 044 \*\*\*550.00

**DOCUMENT # P96000093088**

1. Entity Name  
**BRAINBUZZ.COM, INC.**

Principal Place of Business

**5445 W. CYPRESS STREET  
 SUITE 300  
 TAMPA FL 33607**

Mailing Address

**5445 W. CYPRESS STREET  
 SUITE 300  
 TAMPA FL 33607**



2. Principal Place of Business

**1901 Ulmerton Rd**

3. Mailing Address

**1901 Ulmerton Rd**

Suite, Apt. #, etc.

**Suite 750**

Suite, Apt. #, etc.

**Suite 750**

City & State

**Clearwater FL**

City & State

**Clearwater, FL**

Zip

**33762**

Country

**USA**

Zip

**33762**

Country

**USA**

4. FEI Number **59-3429288**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**D'ADAMO, JEFF  
 5445 W. CYPRESS STREET  
 #300  
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1901 Ulmerton Rd**

**Suite 750**

City

**Clearwater**

**FL**

Zip Code

**33762**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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

TITLE	C	<input type="checkbox"/> Delete
NAME	DOYLE, DAN	
STREET ADDRESS	5445 W. CYPRESS STREET #300	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, TOM	
STREET ADDRESS	5445 W. CYPRESS STREET #300	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	P	<input type="checkbox"/> Delete
NAME	D'ADAMO, JEFF	
STREET ADDRESS	5445 W. CYPRESS STREET #300	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERN, ALEX	
STREET ADDRESS	5445 W. CYPRESS STREET #300	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1901 Ulmerton Rd. Suite 750	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1901 Ulmerton Rd. Suite 750	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1901 Ulmerton Rd. Suite 750	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. John Simmons	
STREET ADDRESS	1901 Ulmerton Rd. Suite 750	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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:

**Dan Doyle, Chmn 8-21-02 (727) 456-1320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #