

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019179

1. Entity Name

APPROVED BUYERS NETWORK, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90133 046 ***150.00

Principal Place of Business

1001 N. LAKE DESTINY
STE. 175
MAITLAND FL 32751

Mailing Address

1001 N. LAKE DESTINY
STE. 175
MAITLAND FL 32751-4138

102309

2. Principal Place of Business

375 DOUGLAS AVE #1000

3. Mailing Address

SAME

Suite, Apt. #, etc.

1000

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS

City & State

4. FEI Number

59-3424644

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

Country

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

WAREING, W. MARTIN
1001N. LAKE DESTINY RD.
STE. 175
MAITLAND FL 32751

Name

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

375 DOUGLAS AVE

SUITE 1000

City

ALTAMONTE SPRINGS FL

Zip Code

32714

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WAREING, W M
1001 N. LAKE DESTINY RD. 175
MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
375 DOUGLAS AVE #1000
ALTAMONTE SPRINGS FL 32714 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00

407-667-9199