

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90155 029 ***558.75

DOCUMENT # P97000033090

1. Entity Name
THE BUY, SELL OR HOLD COMPANY

Principal Place of Business
302 KNIGHTS RUN AVE.. #1250
TAMPA FL 33602
US

Mailing Address
302 KNIGHTS RUN AVE.. #1250
TAMPA FL 33602
US

80139322



2. Principal Place of Business

301 W. Platt Ave
 Suite, Apt. #, etc.
#305

3. Mailing Address

301 W. Platt Ave.
 Suite, Apt. #, etc.
#305

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **59-3426084**

Applied For
 Not Applicable

Zip
33606

Country
US

Zip
33606

Country
US

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TOTTY, S. MATTHEW
606 TROPICAL BREEZE WAY
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
 NAME **TOTTY, S. MATTHEW**
 STREET ADDRESS **756 CORAL REEF**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **C** ☒ Change ☐ Addition
 NAME **TOTTY, S. MATTHEW**
 STREET ADDRESS **606 Tropical Breeze way**
 CITY-ST-ZIP **Tampa, FL 33602**

TITLE **D** ☐ Delete
 NAME **LANZETTA, DREW**
 STREET ADDRESS **1137 SHORESIDE WAY**
 CITY-ST-ZIP **MOUNT PLEASANT SC 29464**

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

TITLE **D** ☒ Delete
 NAME **MOGUL, LEE**
 STREET ADDRESS **1011 ROYALIST ROAD**
 CITY-ST-ZIP **MOUNT PLEASANT SC 29464**

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

TITLE **D** ☒ Delete
 NAME **SAFINA, JOSEPH**
 STREET ADDRESS **9 FIESTA WAY**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE **D** ☐ Delete
 NAME **VOSKO, STEPHEN K**
 STREET ADDRESS **583 MAGNOLIA CIRCLE**
 CITY-ST-ZIP **HOUSTON TX 77024**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

Date

815-229-3369

Daytime Phone #

CR2E034 (4/02)