

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060063
1. Entity Name USWEBAUCTIONS, INC.

FILED
00 NOV 20 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7695 SW 104 St., #210
Miami, FL 33156

2. Principal Place of Business 3. Mailing Address
22 South Links Avenue 22 South Links Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 204 Suite 204
City & State City & State
Sarasota, FL Sarasota, FL
Zip Country Zip Country
34236 Sarasota 34236 Sarasota

REINSTATEMENT
4. FEI Number 65-0991092
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Clayton E. Parker
Kirkpatrick & Lockhart LLP
20th Floor
201 S. Biscayne Blvd.
Miami, FL 33131
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.
SIGNATURE Clayton E. Parker 10/10/00
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. ☐
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	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Earl T. Ingarfield		NAME		
STREET ADDRESS	22 So. Links Avenue		STREET ADDRESS		
CITY-ST-ZIP	Sarasota, FL 34236		CITY-ST-ZIP		
TITLE	Secretary/Treasurer	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Jerry L. Busiere		NAME		
STREET ADDRESS	22 So. Links Avenue		STREET ADDRESS		
CITY-ST-ZIP	Sarasota, FL 34236		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 807, 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: Earl T. Ingarfield, President 10/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #