UNIFORM BUSHES THE UN		
DOCUMENT # P700003174		
Sales . Com, Inc.		FILED
	·	00 MAR - I PM 2: 05
Principal Place of Business [Mailing Address / 1667] [Mailing Address / 1667]	NE Nautical Lite 704	SECRETARY OF STATE
	sen Beach F	
Jenson Beach, F1 34957	3	(AS)
2. Principal Place of Business 9397 SE Des Hwood St 8397 SE C)esftwood.	\$1.
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State Hobe Sound, FI Hobe Sound	, FI	4. FEI Number Applied For Not Applicable
	Mae 41	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent	Name	7. Name and Address of New Registered Agent
Mikel C. Speakel		Sandea M. Bigle?
Menlich, loegiers, Goldin & Co. P.O. Box 3239	839	ess (P.O. Box Number is Not Acceptable) 2 SE DRIFTWOOD ST.
Studet, F1 34995-3239	City, Joh	FL Zip Code
The above named entity submits this statement for the purpose of changing its reg	gistered office or reg	- 1 3 JF 3 J
SIGNATURE Statute, typed or printed name of registered agent and title if applicable / (NOTE: Régistered Agent signature required when reinstating) DATE On the signature required when reinstating to the signature required when reinstating the signature required when reinstating the signature required when respectively and the signature required when respectively required		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOWILI FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		
11. OFFICERS AND DIRECTORS	to Department of	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ! DIRECTOR Delete	TITLE (
NAME STREET ADDRESS SAGE DEIFFORMS ST	NAME STREET ADDRESS (Director Change Addition 66.66
CITY-ST-ZIP Hotse Sound F1 33455	CITY-ST-ZIP j	7.31.
NAME Tames C. BigleR	TITLE NAME S	andra M. BIALLE.
STREET ADDRESS 1667 NE Nautical OL Salte 704	STREET ADDRESS CITY-ST-ZIP	392 SE Deiftwood St.
CITY-ST-ZIP Jensen Beach [] 34957	TITLE	Obe Sound F1 33455 December 1 33455
NAME. James C. Bigler STREET ADDRESS 1462 AG ADDRESS 1462 AG ADDRESS	NAME	Sandra M. Brales
CITY-ST-ZIP TONSON Beach F1 34957	STREET ADDRESS CITY-ST-ZIP	tobe 5 aund F1 33455
TITLE Delete	TITLE	90000316844mgAddin
NAME STREET ADDRESS	NAME STREET ADDRESS	-93/14/0001044007 ****300.00 ****300.00
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE Delete	TITLE NAME	Change Addition
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP TITLE Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME	NAME	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	KE
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: Show M. Brofen 22 Feb 00 (561) 545-3376		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D	PIRECIOR	Date Daytime Phone #

Sales.Com, Inc.

♦200 **♦**

8392 SE Driftwood Street ♦ Hobe Sound, FL 33455 ♦ USA Phone 561-545-3376 ♦ Ernail Optgame@aol.com

February 22, 2000

Florida Department Of State Division Of Corporations C/O Kristen Eckel P.O. Box 6327 Tallahassee, Fl 32314

Dear Ms. Eckel,

I, Sandra M. Bigler, request humbly that the State of Florida please waive the reinstatement fees for Sales.Com Inc. I recently found out that this even existed. My husband, James C. Bigler passed away March 31, 1999. I am now going through his things. If the State will allow me to catch up the fees,I would be ever so grateful. Thank you for your time and attention.

Sincerely.

Sandra M. Bigler

Account ID: RefNumber:P97000103174