

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90398 011 \*\*\*150.00

0478293

**DOCUMENT # P98000011068**

1. Entity Name  
**BUYERREBATES.COM CORP.**

Principal Place of Business 711 N MAGNOLIA AVE ORLANDO FL 32803	Mailing Address 711 N MAGNOLIA AVE ORLANDO FL 32803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2281 Lee Rd</b>	3. Mailing Address <b>2281 Lee Rd</b>
Suite, Apt. #, etc. <b>#202</b>	Suite, Apt. #, etc. <b>#202</b>
City & State <b>Winter Park, FL</b>	City & State <b>Winter Park, FL</b>
Zip <b>32789</b> Country <b>USA</b>	Zip <b>32789</b> Country <b>USA</b>

4. FEI Number <b>59-3498112</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COOK, WILLIAM A II.**  
**1032 EARLY AVE**  
**WINTER PARK FL 32789**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		<input type="checkbox"/> Delete
TITLE <b>PST</b>	NAME <b>COOK, WILLIAM A II.</b>	<input type="checkbox"/>
STREET ADDRESS <b>1032 EARLY AVE</b>		
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	<b>VP</b>		
CITY-ST-ZIP	<b>COOK, BECKY</b>		
	<b>1032 EARLY AVE</b>		
	<b>WINTER PARK, FL 32789</b>		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
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]* **4/24/01** **407-629-2300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)