

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014997

1. Entity Name

AUCTION BROKER SOFTWARE, INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90009 040 \*\*\*550.00

Principal Place of Business

6820 BENJAMIN RD.  
#5, SUITE 1  
TAMPA FL 33634

Mailing Address

PO BOX 260502  
TAMPA FL 33685

2. Principal Place of Business

6103 Johns Rd

3. Mailing Address

P.O. Box 261512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa Florida

Zip  
33634

Country  
US

Zip  
33685

Country  
U.S.

4. FEI Number

59-3509658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PLAVNICK, KIMBERLY B  
% PLAVNICK-7114 HOLLOWELL DR.  
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name Plavnick, Kimberly B

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

6103 Johns Rd

City Tampa Florida FL

Zip Code 33634

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

Kimberly Plavnick

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/2000

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, 2000 Min. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLAVNICK, KIMBERLY B 6820 BENJAMIN RD., #5, SUITE 1 TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, Dir Plavnick, Brian G 6103 Johns Rd suite 1 Tampa Florida 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, T 6103 Johns Rd suite 1 Tampa Florida 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kimberly Plavnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/7/2000

Daytime Phone #

(813) 881-1425

CR2E034 (5/00)