FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077697

1. Entity Name

SIMPLEBUYER, INC.

FILED
02 APR 24 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Amended

$61.25

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2. Principal Place of Business	3. Mailing Address
4904 CREEKSIDE DRIVE	Same
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc.
City & State CLEARWATER FL	City & State
Zip 33760 Country USA	Zip Country

4. FEI Number 59-3529020 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name JOHN VALENCIA

Street Address (P.O. Box Number is Not Acceptable) 10218 MERRIMAC MANOR DRIVE

City RIVERVIEW FL Zip Code 33569

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 X _____ (Signature, name of 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. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 CEO	C.E.O. / PRESIDENT
NAME	JOHN VALENCIA
STREET ADDRESS	10218 MERRIMAC MANOR DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	V.P.
NAME	JOE VALENCIA
STREET ADDRESS	1210 18TH AVE S.W.
CITY-ST-ZIP	LARGO, FL 33760
TITLE	C.T.O.
NAME	HOA NGUYEN
STREET ADDRESS	4904 CREEKSIDE DRIVE, STE A
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	V.P.
NAME	VINH DUONG
STREET ADDRESS	4904 CREEKSIDE DRIVE, STE. A
CITY-ST-ZIP	CLEARWATER, FL 33760
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ John Valencia 4/22/02 727-299-9642

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #