

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90190 020 ***150.00

DOCUMENT # P98000092401**1. Entity Name**
WEBUY PROPERTIES, INC.**Principal Place of Business****11655 SEMINOLE DR**
NEW PORT RICHEY FL 34654**Mailing Address****11655 SEMINOLE DR**
NEW PORT RICHEY FL 34654

B0129131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**150 GALIANO COURT**
Suite, Apt. #, etc.**3. Mailing Address****P.O. Box 5946**
Suite, Apt. #, etc.**City & State****Spring Hill Florida****City & State****Hudson Florida****4. FEI Number****59-3543262****Applied For****Not Applicable****Zip****Country****34606**
Hernando**Zip****Country****34674**
Pasco**5. Certificate of Status Desired**☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****TRIVETTE, GARY P**
11655 SEMINOLE DR
NEW PORT RICHEY FL 34654**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****150 GALIANO COURT****City****Spring Hill****FL****Zip Code****34606****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. I am familiar with, and accept the obligations of registered agent.****SIGNATURE**

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.**
(See criteria on back) ☒**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee 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 TRIVETTE, GARY P 11655 SEMINOLE DR. NEW PORT FL 34654	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRIVETTE, LINDA J 11655 SEMINOLE DRIVE NEW PORT RICHEY FL 34654	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****GARY P. TRIVETTE****Date****Daytime Phone #****07-08-02 352 684-1774**

CR2E034 (4/02)

Attachment # P98000092401 BD/29/37

07/08/02

To whom it may concern

**I did not receive a notice
pertaining to this because
of a move. I would greatly
appreciate a waiver of the
penalty. I am enclosing a
check for \$150.00**

Sincerely,


**Gary P. Trivette, President
WeBuy Properties, Inc.**