

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90023 036 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 9800010845/10K

1. Corporation Name

UP BID. COM, INC

548818 - 90023 - 36

Principal Place of Business Mailing Address  
460 E SEMORAN BLVD SUITE #200 / MAILING  
CASSIDAMA, FLORIDA 32707 / SUITE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

DEC 28, 1998

4. FEI Number

APPLIED FOR

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

PETER ANTUNES

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

460 E SEMORAN BLVD # 200

83

84 City

CASSIDAMA

FL

85

Zip Code  
32707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
ANTUNES, PETER 460 E SEMORAN BLVD # 200 CASSIDAMA, FLORIDA 32707

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR 1.2 NAME ANTUNES PETER 1.3 STREET ADDRESS 460 E HWY 436 # 200 1.4 CITY-ST-ZIP CASSIDAMA FL 32707

2.1 TITLE DIRECTOR 2.2 NAME ANTUNES JAMES R. 2.3 STREET ADDRESS 460 E HWY 436 # 200 2.4 CITY-ST-ZIP CASSIDAMA FL 32707

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplement to annual 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 12 or Block 13 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

Date

Daytime Phone #

Peter Antunes 4/28/99 (407) 834-1878.

CR2E034 (11/98)