

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90173 035 \*\*\*158.75

0042563

**DOCUMENT # P99000001026**

1. Entity Name

**GRAB A BARGAIN.COM, INC.**

Principal Place of Business

Mailing Address

**460 E HWY. 436  
 SUITE 200  
 CASSELBERRY FL 32707**

**460 E HWY. 436  
 SUITE 200  
 CASSELBERRY FL 32707**

2. Principal Place of Business

**430 E Semoran Blvd**

Suite, Apt. #, etc.

**Suite #208**

3. Mailing Address

**430 E Semoran Blvd**

Suite, Apt. #, etc.

**Suite #208**

City & State

**Casselberry, FL**

City & State

**Casselberry**

Zip

**FL 32707**

Country

**USA**

Zip

**32707**

Country

**USA**

4. FEI Number

**59-3656992**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ANTUNES, PETER  
 460 E HWY. 436 #200  
 CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name

**ANTUNES, PETER**

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

**430 E Semoran Blvd, Suite 208**

City

**Casselberry**

FL

Zip Code

**32707**

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

*Peter Antunes*

**PETER ANTUNES**

**04/30/01**

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 \$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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANTUNES, PETER</b>	
STREET ADDRESS	<b>460 E HWY. 436 SUITE 200</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANTUNES, JEFFERY R</b>	
STREET ADDRESS	<b>460 E HWY. 436 SUITE 200</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>430 E Semoran Blvd #200</b>
STREET ADDRESS	<b>Casselberry, FL 32707</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>430 E Semoran Blvd #200</b>
STREET ADDRESS	<b>Casselberry, FL 32707</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

*Peter Antunes*

**PETER ANTUNES**

**04/30/01**

**407-830-7868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)