

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000001026

Entity Name: GRAB A BARGAIN.COM, INC.

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

## Current Principal Place of Business:

430 E SEMORAN BLVD.  
SUITE 208  
CASSELBERRY, FL 32707

## Current Mailing Address:

430 E SEMORAN BLVD.  
SUITE 208  
CASSELBERRY, FL 32707

## New Principal Place of Business:

430 E SEMORAN BLVD.  
SUITE 224  
CASSELBERRY, FL 32707

## New Mailing Address:

430 E SEMORAN BLVD.  
SUITE 224  
CASSELBERRY, FL 32707

FEI Number: 59-3656992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ANTUNES, PETER  
430 E SEMORAN BLVD.  
SUITE 208  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

ANTUNES, PETER  
430 E SEMORAN BLVD.  
SUITE 224  
CASSELBERRY, FL 32707 US

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

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ANTUNES, PETER  
Address: 430 E SEMORAN BLVD. # 200  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: ANTUNES, JEFFERY R  
Address: 430 E SEMORAN BLVD. # 200  
City-St-Zip: CASSELBERRY, FL 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ANTUNES, PETER  
Address: 430 E SEMORAN BLVD. # 224  
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change ( ) Addition  
Name: ANTUNES, JEFFERY R  
Address: 430 E SEMORAN BLVD. # 224  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER ANTUNES

D

04/30/2002

Electronic Signature of Signing Officer or Director

Date