

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90181 005 ***150.00

DOCUMENT # **P99000004265**

1. Entity Name

BUSINESSELLER CORPORATION ✓

Principal Place of Business

Mailing Address

3825 HENDERSON BLVD
SUITE 600
TAMPA, FL 33629

SAME

2. Principal Place of Business

3825 HENDERSON BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

600

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

4. FEI Number

59-3614662

Applied For

Not Applicable

Zip

33629

Country

HILLSBOROUGH

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUCE JOHN MICEK
4101 BLACK OAK TRAIL
SPRING HILL, FL 34609

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Bruce John Micek

05-01-00

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, 2000 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 **V.P., SEC., DIR.** ☐ Delete
NAME **BRUCE JOHN MICEK**
STREET ADDRESS **4101 BLACK OAK TR.**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **DIR.** ☒ Delete
NAME **MARY ELIZABETH MICEK**
STREET ADDRESS **4101 BLACK OAK TR.**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES., TRES., DIR.** ☐ Change ☒ Addition
NAME **J. MICHAEL ERTTEL**
STREET ADDRESS **719 CORAL REEF DR.**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **DIR.** ☐ Change ☒ Addition
NAME **STEVEN W. MOORE**
STREET ADDRESS **2240 BELLEAIR RD, #100**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bruce John Micek **BRUCE JOHN MICEK, V.P.**

Date

Daytime Phone #

05-01-00 888-900-0002

CR2E034 (9/99)