

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000062522 ✓**

1. Entity Name

American Buying Network, Inc.

05-17-2001 90186 001 ***450.00

FILED P99000062522

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -5 PM 12:39

Principal Place of Business	Mailing Address
12726 Windermere Isles Pl Windermere, FL 34786	Same

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

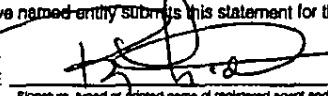
4. FEI Number	Applied For
59-359-1307	Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Barry L. Williams 501 N. Magnolia Ave Suite 200 Orlando, FL 32801

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  **Barry L. Williams RA** **4/23/01**
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

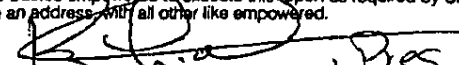
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	Barry L. Williams
STREET ADDRESS	12726 Windermere Is Pl
CITY - ST - ZIP	Windermere, FL 34786 Pres
TITLE	☐ Delete
NAME	Cathy Williams
STREET ADDRESS	12726 Windermere Is Pl
CITY - ST - ZIP	Windermere, FL 34786 V.P.
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	☐ 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 and all other like empowered.

SIGNATURE:

 **Barry L. Williams**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 **(407) 645-9488**
Date Daytime Phone

CR2E034 (11/00)

5/29