

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065592

1. Entity Name

THE AMERICAN DISCOUNT BUYERS GROUP, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90071 027 ***150.00

Principal Place of Business

Mailing Address

751 PARK OF COMMERCE DR., STE. 130
BOCA RATON FL 33487

751 PARK OF COMMERCE DR., STE. 130
BOCA RATON FL 33487-3623

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0934018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOLL, HARVEY
2000 GLADES RD., #110
BOCA RATON FL 33431

Name SCHOLL, HARVEY

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

5295 TOWN CENTER ROAD
THIRD FLOOR

City BOCA RATON

FL

Zip Code 33486

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P GREG BOLESTA
STREET ADDRESS 751 PARK OF COMMERCE DR #130
CITY-ST-ZIP BOCA RATON, FL 33487

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GREG BOLESTA Pres. 4-28-00 561-999-8985

CR2E034 (9/99)