

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078198

1. Entity Name

AUCTION AT HOME, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90166 008 \*\*\*150.00

Principal Place of Business

Mailing Address

8633 ROSALIE COURT  
 BOYNTON BEACH FL 33437

8633 ROSALIE COURT  
 BOYNTON BEACH FL 33437-1271

2. Principal Place of Business

8633 ROSALIE CT.

Suite, Apt. #, etc.

3. Mailing Address

8633 ROSALIE CT.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FLORIDA

Zip

33437

Country

USA

City & State

BOYNTON BEACH, FLORIDA

Zip

33437

Country

USA

4. FEI Number

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

DOMINGUEZ, DEBRA  
 8633 ROSALIE COURT  
 BOYNTON BEACH FL 33437

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME MR. ALBERT D. DOMINGUEZ  
 STREET ADDRESS 8633 ROSALIE CT.  
 CITY-ST-ZIP BOYNTON BCH, FL. 33437

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME MRS. DEBRA S. NORTON DOMINGUEZ  
 STREET ADDRESS 8633 ROSALIE CT.  
 CITY-ST-ZIP BOYNTON BCH, FL. 33437

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 #

CR2E034 (9/99)