

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**  
 02-22-2000 90012 049 \*\*\*150.00

**DOCUMENT # P99000096295**

1. Entity Name  
**BUYERMART.COM, INC.**

Principal Place of Business Mailing Address  
**DAVID P. BURKE** **C/O DAVID P. BURKE**  
**HARBOUR PLACE, SUITE 500** **ONE HARBOUR PLACE, SUITE 500**  
**FL 33602** **TAMPA FL 33602-5729**  
**OC**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3608848** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BURKE, DAVID P**  
**ONE HARBOUR PLACE, SUITE 500**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

8. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ **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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ROMKEY, BARRIE W</b> <b>6 WOODBANK TERRACE</b> <b>HALIFAX, NOVA SCOTIA B3M 3K4</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HAMODAH, RAMI A.R.</b> <b>8 SARAGUAY PLACE</b> <b>HALIFAX, NOVA SCOTIA B3K 2N9</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MANNING, JOHN A</b> <b>35 BECKFOOT DRIVE</b> <b>DARTMOUTH, NOVA SCOTIA B2Y 4H9</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JOHN A. MANNING** **Jan 20, 2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

907-466-5556

CR2E034 (9/99)