19 W. WINDHORST RD. 19 W. WINDHORST RD. 9 W. WINDHORST RD. BANDON FL 35510 2. Principal Place of Business 1. Melting Address Suite, Apt. R. doc. Suite, Apt. R. doc. City & State Contry 2/P Country 2/P Country 2/P Country 2/P Country 2/P Country 2/P Country 3. Manne and Address of Current Registered Agent 10 Note: Name 10 Note: State Applied 57 119 W. WINDHORST RD. Street Address (PO. Box Number Is Not Acceptable) 119 W. WINDHORST RD. Street Address (PO. Box Number Is Not Acceptable) BRANDON R. 33510 City City FLE NOWITH FEE IS \$150.00 After Address (PO. Box Number Is Not Acceptable) Street Address (PO. Box Number Is Not Acceptable) 11 Option Stephylic to satisfy its interplate Street Address ID OFFCERS AND DIFECTORS IN 11 Number Is Not Acceptable) 3. This objointion is ediplication as elaboration for the purpuse of change to stephylic to data Number IS Not Acceptable) Street Address ID OFFCERS AND DIFECTORS IN 11 111 Optick Chande Stephylic to data Number IS Not Acceptabl	2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000105983 1. Entity Name BUYSAFEONLINE-NET, INC-						FILED May 16, 2000 8:00 an Secretary of State			
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LONGWELL JAMES F In BW. WINDHORST FD. BRANDON FL 33510 Street Address (PO. Box Number is Not Acceptable) City FL City FL Zip Code A. 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 B. This corporation is eligible to satisfy its Integrated agent and the J Austricate. INOTE Registered Agent sequence registered agent, or both, in the State of Florida. Signame. typed is private any of a private agent and the J Austricate. INOTE Registered Agent sequence registered agent, or both, in the State of Florida. Signame. typed is private agent and the J Austricate. INOTE Registered Agent sequence registered agent, or both, in the State of Florida. Signame. typed is private agent and the J Austricate. INOTE Registered Agent sequence registered agent, or both, in the State of Florida. Signame. typed is private agent and the J Austricate. INOTE Registered Agent sequence registered agent, or both, in the State of Florida. Signame. typed is private agent and the J Austricate. INOTE Registered Agent sequence registered agent, or both, in the State of Florida. International agent agent and the J Austricate. INOTE Registered Agent sequence registered agent, or both, in the State of Florida. International agent age	Zip	Country	Zip	Count	ïУ	5. (Certificate of Status Desired			
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Bigmanne, lige of printed arear of the application. (MOTE: Regreteed Apent legisture regime with instanting) 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 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May, Added to Fees 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make Trust Fund Contribution. If Checker C	•									
Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State In. Election Campaign Financing Internation Internatinternation Internation Internation Internation Internati	SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	Agent signature re	equired when re	einstating) DA	πε		
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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 informati indicated on this report or supplementary and the informati and that my signature shall have the same legal effect as if made under oath; that I am an officer or directive and the information of the i	STREET ADDRESS			STREE CITY-	ET ADDRESS ST-ZIP					
of the corporation or the receiver or trustee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 1 changed, or on an attachment with an address, with all other like empowered.	13. I hereby of indicated of the cor changed	certify that the information supplied w l on this report or supplemental valor poration of the receiver or trustee en , or on an attachment with an address	ith this filing does not qualify f t is true and accurate and that powered to execute this repoi with all other like empowered	or the exer my signat rt as requir d.	nption stated ure shall have ed by Chapte	in Section e the same er 607, Flor	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; th ida Statutes; and that my name appe	r certify that the lat I am an office ars in Block 11 c	information r or director or Block 12 if	