2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90050 015 ***150.00

0441121 AV

DOCUMENT # P99000108872

1. Entity Name
BUY AMERICAN REAL ESTATE CORPORATION

Principal Place of Business	Mailing Address
14905 ARBOR SPRINGS CIRCLE 304 TAMPA FL 33624	PO BOX 270453 TAMPA FL 33688-0453

DO NOT WRITE IN THIS SPACE

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 59-3613209 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BIRMINGHAM, JAMES
14905 ARBOR SPRINGS CIRCLE #304
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name CLOUDMAN, ROBERT
Street Address (P.O. Box Number is Not Acceptable) 14905 ARBOR SPRINGS CIRCLE, #304
City TAMPA FL Zip Code 33624

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 Robert B. Cloudman ROBERT B. CLOUDMAN, DIRECTOR 1-17-2002
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BIRMINGHAM, JAMES PO BOX 270453 TAMPA FL 33688-0453	☒ Delete	DIRECTOR ROBERT B. CLOUDMAN 14905 ARBOR SPRINGS CIRCLE, #304 TAMPA, FL 33624	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP BIRMINGHAM, CIENWEN PO BOX 270453 TAMPA FL 33688-0453	☒ Delete	DIRECTOR JODI BIRMINGHAM GRASSO 14905 ARBOR SPRINGS CIRCLE, #304 TAMPA, FL 33624	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: Jodi B. Grasso Jodi B. GRASSO 1-16-02 813-269-1412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #