

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90507 001 ***450.00

DOCUMENT # P00000012248

1. Entity Name

EYE ON ANYTHING. COM INC

Principal Place of Business

Mailing Address

4532 W KENNEDY Blvd 4532 W KENNEDY Blvd
 #318 #318
 TAMPA FL 33609 TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

5801 IMPERIAL KEY

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARK FELBERG
 5801 IMPERIAL KEY
 TAMPA FL 33615

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)

4/22/01
 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, 2001 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	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	CHAIRMAN / SECT, TRE.	☐ Change	☒ Addition
NAME	PAULINE FELBERG		
STREET ADDRESS	5801 IMPERIAL KEY		
CITY - ST - ZIP	TAMPA FL 33615		
TITLE	PRESIDENT	☐ Change	☒ Addition
NAME	MARK FELBERG		
STREET ADDRESS	5801 IMPERIAL KEY		
CITY - ST - ZIP	TAMPA FL 33615		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

CR2E034 (11/00)

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

4/21/01

613-691-6721