2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90144 011 ***158.75

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DOCUMENT # P02000072269

1. Entity Name
EBIZ, INC.

Principal Place of Business	Mailing Address
403 FINCH DR SATELLITE BEACH FL 32937	403 FINCH DR SATELLITE BEACH FL 32937

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
115 WOODS NORTH Dr.	115 WOODS NORTH Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MERRITT ISLAND FL	City & State: MERRITT ISLAND, FL
Zip: 32952 / Country: USA	Zip: 32952 / Country: USA

4. FEI Number 04-3697865 ☐ 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
KARG, LOUIS M 403 FINCH DR SATELLITE BEACH FL 32937	Name: KARG, Louis M. Street Address (P.O. Box Number is Not Acceptable): 115 WOODS NORTH Dr. City: MERRITT ISLAND **FL** Zip Code: 32952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 11 MAR 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARG, LOUIS M 403 FINCH DR SATELLITE BEACH FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARG, LOUIS M. 115 WOODS NORTH Dr. MERRITT ISLAND FL 32952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORTEZ, JULIAN A 35 EMERALD CT SATELLITE BEACH FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED LOUIS M. KARG PRESIDENT EBIZ INC 11 MARCH 2003 321-795-4093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)