

06-22-2001 90219 049 \*\*\*150.00

**901 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F99000006221**

Entity Name:

*Resale world.com*

|   |   |
|---|---|
| Principal Place of Business<br><b>906 N Pine Hills Rd<br/>Orlando, FL 32808</b> | Mailing Address<br><b>906 N Pine Hills Rd<br/>Orlando, FL 32808</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>906 N Pine Hills Rd</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>906 N Pine Hills Rd</b><br>Suite, Apt. #, etc. |
|---|---|

|   |                                    |                                       |  |
|---|------------------------------------|---------------------------------------|--|
| City & State<br><b>Orlando FL</b>                         | City & State<br><b>Orlando, FL</b> | 4. FEI Number<br><b>411788839</b>     | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>32808</b>                                       | Country<br><b>Orange</b>           | Zip<br><b>32808</b>                   | Country<br><b>Orange</b>                               |
| 5. Certificate of Status Desired <input type="checkbox"/> |                                    | <b>\$8.75</b> Additional Fee Required |  |

**00058202**

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>Corporation Service Company<br/>1201 Hays ST<br/>Tallahassee, FL 32301-2525</b> | 7. Name and Address of New Registered Agent<br>Name <b>Ed Diruzzu</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>906 N Pine Hills Rd</b><br>City <b>Orlando</b> FL Zip Code <b>32808</b> |
|---|---|

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]* Director DATE **5/24/01**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Eric Beringause</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Ken cutter</b> <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Dan Beckwith</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* DATE **5/29/01** **607-297-0000**

CR2E034 (1/1/00)