2001	UNIF	ORM	<b>BUSINESS</b>	REPORT	(UBR
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DOCUI	MENT # L0000005857	<u> 2</u> 20	<b>6</b> 83				
-	OLESALE.COM, L.C.	FILED					
			01 JAN 18 PM 3:23				
Principal Plac	e of Business Mailing Address						
6031 COLUMB		<b>\</b>	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
THEW MIDDLET	10WN OH 44442	•	I CERTAIN AN ARM THAN THE TRICK THE ARM THE COLD IN THE INTERIOR THE INTERIOR THE				
2. Principal P	lace of Business 3. Mailing Address						
11052	1 State Route 170 11052 State	Route 17					
Suite, Apt.	#, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State	e iddletown, OHIV Pew middle	tóww, OH	4. FEI Number Applied For Not Applicable	e			
Zip 4444		abowl NG	5. Certificate of Status Desired   \$5.00 Additional Fee Required				
	6. Name and Address of Current Registered Agent	Name	7. Name and Address of New Registered Agent				
HATTON,	DAVID L	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	3RD AVENUE, 5TH FLOOR						
MIAM! FL	33129	City	Zip Code	-			
8. The above	named entity submits this statement for the purpose of changing its regi	istered office or regist	<u> </u>	-			
2. The desired states of the states of the purpose of changing the region of children in logistic day and the state of the order.							
SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	sistered Agent signature require	ired when reinstating) DATE	_			
	· · · · · · · · · · · · · · · · · · ·	!!! FEE IS \$50.00					
	Make Check Payab	le to Department	of State				
9.	MANAGING MEMBERS/MEMBERS	10.	ADDITIONS/CHANGES  Change Additio	_ 			
TITLE NAME	MGR LLA Delete L SOROKA, DEAN	NAME		(11/0			
STREET ADDRESS CITY-ST-ZIP	902 LARKRIDGE AVENUE Youngstown oh 44512	STREET ADDRESS CITY-ST-ZIP		CR2E083 (11/00)			
TITLE	MGR Delete	TITLE	Change Additio	CR2			
NAME STREET ADDRESS	ROWAN, GERALD C 6031 COLUMBIANA ROAD	NAME STREET ADDRESS	<b>4000035683743</b> -01/23/0101094012				
CITY-ST-ZIP	NEW MIDDLETOWN OH 44442	CITY-ST-ZIP	ーU1/23/U1ーU1U34ー-U1ご ******50.00 ******50.00 □ Change □ Additio	_			
TITLE NAME	MGR Delete WEIDBERG, GARY	NAME ,	. Change T Additio	١ .			
STREET ADDRESS	414 COLLEGE AVENUE THACA NY 14850	STREET ADDRESS CITY-ST-ZIP -	ر مان المان ال المان المان ال				
TITLE NAME	. Defete	TITLE NAME	Change Addition	1			
STREET ADDRESS		STREET AODRESS	$\mathcal{N}_{\mathcal{V}}$				
CTAY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Additio				
NAME TANDOCCO		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<u>.</u>				
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition	٦			
STREET ADDRESS	<b>.</b>	STREET ADDRESS					
CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the	exemption stated in 5	Section 119.07(3)(i), Florida Statutes. I further certify that the information	-			
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: Lund BROWSRE GERALDRIC ROWAN 1/10/01 330.542-2778							
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #							