## 2000 UNIFORM BUSINESS REPORT (UBR)

|  |  |                                |  |                         |                 |  |  | Action and the last            | *   |  |  |
|--|--|--------------------------------|--|-------------------------|-----------------|--|--|--------------------------------|---|--|--|
| DOCUMENT # L9900007442  1. Entity Name E-BUSINESS DEVELOPER GROUP, LLC |  |                                |  |                         |                 |  | É  |                                | . ـ £                                     |  |  |
|  |  |                                |  |                         |                 | . FILED                                  |  |                                |   |  |  |
|  |  |                                |  |                         |                 |  | 00 AI  | PRII F                         | H 1: 23                                   |  |  |
| Principal Place of Business Mailing Address                            |  |                                |  |                         |                 | · · · · · · · · · · · · · · · · · · ·    |  |                                |   |  |  |
| 2401 E. ATLANTIC   |  | ·                              | 01 E. ATLANTIC BLVD #300                           |                         |                 | SECRETARY OF STATE TALLAHASSEE, FLORIDA  |  |                                |   |  |  |
| POMPANO BEACH FL 33062 POMPANO BEACH FL                                |  |                                |  | 33062-5243              |                 |  | THE THE PERSON AND A STATE OF THE PERSON AND |                                |   |  |  |
|  |  |                                |  |                         |                 | 1  |  |                                |   |  |  |
| 2. Principal Place   | of Business  | 3. Mailing Address             | ailing Address                                     |                         |                 |  |  |                                |   |  |  |
| Suite, Apt. #, etc. S  |  | Suite, Apt, #, etc.            | Suite, Apt. #, etc.                                |                         |                 | DO NOT WRITE IN THIS SPACE               |  |                                |   |  |  |
|  |  |                                |  |                         |                 |  |  |                                |   |  |  |
| City & State   |  | City & State                   | ity & State  |                         |                 | 4. FEI Number Applied For Not Applicable |  |                                |   |  |  |
| Zip Country  |  | Zip                            | Zip Country  |                         |                 |  | icate of Status Desired  |                                | \$5.00 Add                                | itional  |  |
|  | . Name and Address of Current  | Registered Agent               | <u> </u>   | <u> </u>                | _               |  | and Address of Nev   |                                | Fee Required                              | <del>'</del>                                   |  |
| . ~  | A TABLE OF THE PROPERTY OF THE | . In Allegan of the Allegan    |  | · Name                  | <del></del>     |  | 4.   |                                | 9   |  |  |
| BIDDISCOMBE  |  |                                | Street Address (P.O. Box Number is Not Acceptable) |                         |                 |  |  |                                |   |  |  |
|  | NTIC BLVD., #300<br>FACH FL 33062  |                                |  |                         |                 |  |  |                                | · · · <u> </u>                            |  |  |
| PUMPANU BE   | AUTI FL 33002  |                                |  | City                    |                 | <del></del>                              |  |                                | Zip Code                                  | <u>,                                      </u> |  |
|  |  |                                |  |                         |                 |  |  | FL                             | - Zip 3888                                |  |  |
| 8. The above nam   | ned entity submits this statement for  | or the purpose of changing it  | s register   | ed office o             | r registere     | d agent, d                               | or both, in the State of   | Florida.                       |   | Ì  |  |
| SIGNATURE  | sture, typed or printed name of registered agent   |                                |  |                         | ture required w |  | <del></del>  | DATE                           |   |  |  |
|  |  |                                |  | FEE IS \$               |                 | 01-4-                                    |  |                                |   |  |  |
|  |  | Make Check P                   | ayable t   | o Depart                | ment of         | State                                    |  |                                |   |  |  |
| 9.   | MANAGING MEMB  |                                | 10.  |                         |                 |  | ADDITION   | IS/CHANGES                     |   |  |  |
| TITLE<br>Mame  |  | ☐ Celete                       | TITU   |                         | MANN            | 0.4                                      | discombe.  |                                | ☐ Change                                  | Addition                                       |  |
| BTREET ADDRESS   |  |                                |  | ET ADDRESS              | 1016            | E,                                       | 476a~tic   | 3(w) S                         | ivita 3                                   | 00   |  |
| SITY-87-ZIP  | <del></del>  |                                |  | - 8T- ZIP               | Pan             | PA~0                                     | BUL, FL  | · 3300                         |   |  |  |
| TITLE<br>Name  |  | ☐ Delete                       | TITL   | E                       | 000             | Dec                                      | KER  |                                | ☐ Change                                  | Addition                                       |  |
| STREET ADDRESS   |  |                                |  |                         | 3401            | E. F                                     | HEANTIC B  | ing Rei                        | te 300                                    |  |  |
| GITY- 8T- ZIP<br>FITLE   |  | Delete                         | TITL   | • \$T• ZIP              |                 |  | Bch, FL.   |                                |   | Addition                                       |  |
| HAME   |  | T resta                        |  |                         | l               |  | 1 < 0 ~  |                                | To all all all all all all all all all al |  |  |
| BTREET ADDRESS<br>City-St-Zip  |  |                                |  | ET ADDRESS<br>- \$t-zip | 1570            | $\sigma$                                 | 1. 6+4 AU<br>CO. 8040  | . \                            |   |  |  |
| ITTLE  |  |                                | TITL   |                         | MAN             | ASRA                                     |  | <u>-</u>                       | Change                                    | Addition                                       |  |
| VAME   |  |                                | NAM  |                         | TAYL            | OR S                                     | stull  | . 0                            |   |  |  |
| STREET ADDRESS<br>City-St-zip  |  |                                |  | ET ADDRESS<br>- 81-21P  | (-si            | 00 U                                     | V. 6 th A.   | 101                            |   |  |  |
| ritue  | p  | ☐ Belsta                       | TITL   | E                       | 1               | <del></del> /                            | <u> </u>   |                                | ☐ Changa                                  | Addition                                       |  |
| NAME   |  |                                | NAM  | E<br>ET ADDRESS         |                 |  | 500003   | 3223                           | :135-<br>)1067(                           | -~-~- <b>-4</b>  <br>123                       |  |
| BTREET ADDRESS<br>City-8t-2ip  |  |                                |  | - 8T- ZIP               |                 |  |  |                                | ***** <del>*</del>                        |  |  |
| urre   | · • • • • • • • • • • • • • • • • • • •  | ☐ Delete                       | TITLE  |                         |                 |  | <u> </u>   |                                | ☐ Change                                  | Addition                                       |  |
| NAME<br>BT <u>r</u> eet address  |  |                                | NAM<br>STRI  | E<br>Et adoress         |                 |  |  |                                |   | }  |  |
| CITY-ST-ZIP  | •  |                                |  | - 2T-ZIP                |                 |  |  | dee                            | <u> </u>                                  |  |  |
| indicated on the   | y that the information supplied with<br>his report is true and accurate and  | l that my signature shall have | e the same   | e legal effe            | ect as it ma    | ide under                                | oath; that I am a mar  | s. I further ce<br>naging memb | rtify that the ir<br>er or manage         | formation<br>r of the                          |  |