Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 09, 2001 8:00 am DOCUMENT # P0000009571 **Secretary of State** 1. Entity Name SITEBUILD COM, INC. 03-09-2001 90005 007 ***150.00 Principal Place of Business Mailing Address 1072-B NEWPORT CENTER DR. E. 1072-B NEWPORT CENTER DR. E. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0980300 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRIEDMAN, MARC Street Address (P.O. Box Number is Not Acceptable) 6166 NW 41ST DRIVE **CORAL SPRINGS FL 33067** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Delete ■ Addition TITLE ☐ Change TITLE STANNARD, LISA V NAME NAME STREET ADDRESS STREET ADDRESS 6166 NW 41ST DRIVE CITY-ST-ZIP CITY-ST-7IP **CORAL SPRINGS FL 33067** ☐ Change ☐ Addition TITLE ☐ Delete TITLE STANNARD, JAMES E NAME NAME STREET ADDRESS STREET ADDRESS 6166 NW 41ST DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33067 STD TITLE Change ☐ Addition TITLE ☐ Delete NAME VARADY, JOYCE NAME STREET ADDRESS STREET ADDRESS 6166 NW 41ST DRIVE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33067** TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 receive/for trustee errapowered 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.

NG OFFICER OR DIRECTOR