2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000064554 1. Entity Name HOMESAVER USA, INC. 05-14-2001 90079 023 ***150.00 Principal Place of Business Mailing Address 4301 LAVENDER DRIVE 4301 LAVENDER DRIVE PALM HARBOR FL 34685 PALM HARBOR FL 34685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 500 TRINITY LAWE N #T310 P0. BOY 22915 City & State City & State 4. FEI Number Applied For ST. PETBOSBURG PETBESBURG, FLORIDA 59-3655122 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ÚSA 33716 33742-2915 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Neme FERENCHIK, JOHN D Street Address (P.O. Box Number is Not Acceptable) σiεr 4301 LAVENDER DRIVE 500 TRINIM LAVE PALM HARBOR FL 34685 Zip Code 33116 T. PETERSBURG 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. 413010 FERENCHIK - PRESIDENT (NOTE: Registered Agent signs 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. ☐ Addition Change TITLE □ Delete TITLE NAME NAME FERENCHIK, JOHN D # 1310 500 TRINIE! LANE N STREET ADDRESS STREET ADDRESS 4301 LAVENDER DRIVE CITY-ST-ZIP ST. PETERSBURG, FL 33716 CITY-ST-ZIP PALM HARBOR FL 34685 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

JOHN D. FERENCHIK SIGNATURE: SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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 eath; 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.