

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90481 019 ***150.00

ADD43000

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000090825

1. Entity Name
 The Resource Store.com, INC. ✓

Principal Place of Business
 7200 W. Commercial Blvd
 Suite 206
 Ft. Lauderdale FL 33319

Mailing Address
 7200 W. Commercial Blvd
 Suite 206
 Ft. Lauderdale FL 33319


2. Principal Place of Business
 7200 W Commercial Blvd
 Suite, Apt. #, etc. 206
 City & State Ft Lauderdale FL 33319
 Zip 33319 Country US

3. Mailing Address
 7200 W Commercial Blvd
 Suite, Apt. #, etc. 206
 City & State Ft LAUDERDALE FL
 Zip 33319 Country US

6. Name and Address of Current Registered Agent
 Ezell Brown

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) 7200 W. Commercial Blvd.
 Suite 206
 City Ft. Lauderdale FL Zip Code 33319

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  **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Chairman, CEO, Director <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Ezell Brown		NAME		
STREET ADDRESS	7200 W. Commercial Blvd # 206		STREET ADDRESS		
CITY-ST-ZIP	Ft. Lauderdale FL 33319		CITY-ST-ZIP		
TITLE	P, D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RONALD LIFTON		NAME		
STREET ADDRESS	7200 W. Commercial Blvd # 206		STREET ADDRESS		
CITY-ST-ZIP	Ft. Lauderdale FL 33319		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **03/29/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)