2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000060145

Entity Name: ONYX GLOBAL PRODUCTS, INC.

FILED Feb 07, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9055 FORT JEFFERSON BLVD. ORLANDO, FL 32822 **Current Mailing Address: New Mailing Address:** 9055 FORT JEFFERSON BLVD. 3936 SOUTH SEMORAN BLVD ORLANDO, FL 32822 SUITE 482 ORLANDO, FL 32822 US FEI Number: 59-2737487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEST, PAUL S 2672 TUSCARORA TRAIL MAITLAND, FL 32751 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CLOVIS, HENNISON Name: Name: 9055 FORT JEFFERSON BLVD. Address: Address: City-St-Zip: ORLANDO, FL 32822 US City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: CLOVIS, KIMBERLY Name: CLOVIS, KIMBERLY 9055 FORT JEFFERSON BLVD. 9055 FORT JEFFERSON BLVD. Address: Address: ORLANDO, FL 32822 US ORLANDO, FL 32822 US City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition WEST, PAUL S Name: Name: 2672 TUSCARORA TRAIL Address: Address: City-St-Zip: MAITLAND, FL 32751 US City-St-Zip: Title: VD (X) Delete Title: () Change () Addition FORMAN, MARTY Name: Name: 2234 E. SEMORAN BLVD. Address: Address: City-St-Zip: City-St-Zip: APOPKA, FL 32703 US Title: SD Title: (X) Delete () Change () Addition BLAKE, KEN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KIMBERLY CLOVIS VD 02/07/2002

2234 E. SEMORAN BLVD.

APOPKA, FL 32703 US

Address: City-St-Zip: