2003 FOR PROFIT CORPORATION

May 02, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P02000038297 DOCUMENT # 05-02-2003 90424 031 ***150.00 1. Entity Name THE SIMPLICITY OF U.S.A., INC. Mailing Address Principal Place of Business 15904 HALSEY RD 15904 HALSEY RD TAMPA FL 33647 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address P.O.Box 46895 <u> 15579 U.S.Highway 19</u> Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES suite 306 City & State City & State 4. FEI Number Applied For Florida 01-0639932 Clearwater Tampa, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33647 USA 33764 ÚSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Chang, David C</u> CHANG, DAVID C Street Address (P.O. Box Number is Not Acceptable) 15904 HALSEY RD 5011 Devon Park Drive TAMPA FL 33647 City Zip Code Tampa 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. I am familiar with, and accept the obligations of registered agent. 4/27/03 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE PD ☐ Change ☐ Addition CHANG, DAVID C NAME NAME Chang, David C 15904 HALSEY RD STREET ADBRESS STREET ADDRESS 5011 Devon Park Drive **TAMPA FL 33647** CITY-ST-ZIP CITY-ST-ZIP Tampa, Fla. 33647 SD ☐ Delete TITLE TITLE Change ☐ Addition SD CHANG, LING NAME NAME Chang, Ling 15904 HALSEY RD STREET ADDRESS STREET ADDRESS %5011 Devon Park Drive, Tampa, FLa. 33647 Tampa FL 33647 CITY-ST-ZIP CITY-ST-ZIP <u>Tampa, FLa.</u> ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

REQUI SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

FILED