FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90186 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003791

1. Entity Name
FSBO, INC.

Principal Place of Business	Mailing Address
1625 HERITAGE TRAIL ROSWELL, GA 30075	~~P.O BOX 865~~ ~~BOYNE CITY, MI 49712~~

2. Principal Place of Business	3. Mailing Address
	1625 Heritage Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Roswell GA
Zip / Country	Zip: 30075 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0812627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MALKASIAN, MICHAEL~~
~~115 NW 20TH DRIVE~~
~~GAINESVILLE, FL 32603~~

7. Name and Address of New Registered Agent

Name: TOM MALKASIAN
Street Address (P.O. Box Number is Not Acceptable): 1423 MEAdows Circle W
City: Baynton BEACH FL Zip Code: 33436

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.

SIGNATURE: Tom Malkasian — DATE: 4/15/03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ~~MACKARIAN~~, TED malkasian 1625 HERITAGE TRAIL ROSWELL, GA 30075 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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.

SIGNATURE: Ted Malkasian — 4-10-03 — 678-773-9620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #