Piropal Pinco of Business	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000015202 1. Entity Name UNBEATABLE DEALS, INC.				FILED Mar 07, 2001 08:00 AM Secretary of State	
Suite, Apt. 9, etc. City & State	110 E ATLANT SUITE 240 DELRAY BEAG	TIC AVE	911 HYACINTH DRIVE DELRAY BEACH			
City & State Ci	2. Principal P	face of Business	3. Mailing Address		<u> </u>	
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.	···	DO NOT WRITE IN THIS SPACE	_
Some and Address of Current Registered Agent	City & State	е	City & State		I I Melvae a	20
The Above named entity submits shis statement for the purpose of changing its registered Agent HOPENS 3.0HN O State Addition Addi	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional)ie
BOCA RATION The State of Florida. Signature Signa	8000 N FED:	JOHN O ERAL HIGHWAY ON		HOPKINS Street Addr 3131 YAMA	JOHN O ess (P.O. Box Number is Not Acceptable) TO ROAD, SUTTE 301	
TITLE DORSEY JAMES HIII NAME DORSEY JAMES HIII TITLE NAME DORSEY JAMES HIII TITLE NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A	9. This corpo	pration is eligible to satisfy its lequirement and elects to do s	Intangible FILE NOV	VIII FEE IS \$150.00. 2001 Fee will be \$550	10. Election Campaign Financing \$5.00 May Be	
THE DORSY JAMS MIN NAME Delet NAME DORSY JAMS MIN NAME DORSY MIN NAME MIN	11.	OFFICE	And the second second			-
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NAME STREET ADDRESS 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 employered to every the state of the corporation of the	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Additi	оп
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 furstee employered to execute this report as required by Chapter 607. Floridal Statutes and that expenses is Director 10.000.	NAME STREET ADDRESS CITY-ST-ZIP			name Street address City-St-Zip		
SIGNATURE: JAMES H. DORSEY, III PRES 03/07/2001	of the cor	on this report or supplementa	at report is true and accurate and that stee empowered to execute this repo	it my signature shall have	the come legal offect on it made an devente that I am an efficiency discus-	_

Daytime Phone #