

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051428

1. Entity Name
OHYAA.COM, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90100 019 ***158.75

Principal Place of Business
1945 W. DR. M.L. KING JR. BLVD.
TAMPA FL 33614

Mailing Address
1945 W. DR. M.L. KING JR. BLVD.
TAMPA FL 33614

2. Principal Place of Business
3314 Henderson Blvd.
Suite, Apt. #, etc.
Suite 100

3. Mailing Address
P.O. Box 18877
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33609

Country
USA

Zip
33679-8877

Country
USA

4. FEI Number
59-3627066

Applied For
Not Applicable

5. Certificate of Status Desired
X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIACCIO, STEVEN
1945 W. DR. M.L. KING JR. BLVD.
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name
Sherman M. Bred

Street Address (P.O. Box Number is Not Acceptable)
3314 Henderson Blvd., Suite 100

City
Tampa, FL

Zip Code
33609

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
Sherman M. Bred, Attorney

DATE
4/25/2001

(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
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUK, MICHAEL 1106 VIRGINIA AVENUE, WEST TAMPA FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CIACCIO, STEVEN 1505 W. RIVER LANE TAMPA FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CIACCIO, MICHELLE 1505 W. RIVER LANE TAMPA FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CIACCIO, GASPER 10412 MILLIGAN COURT TAMPA FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.S.T. Sherman M. Bred 3314 Henderson Blvd., # 100 Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sherman M. Bred, Pres. 4/25/2001 (83) 874-7700

Sherman M. Bred, Pres.

Date Daytime Phone #

0625725

CR2E034 (10/00)