## **2001 UNIFORM BUSINESS REPORT (UBR)** May 05, 2001 8:00 am DOCUMENT # **P99000054743** Secretary of State E-BAY CORP. 05-05-2001 91102 036 \*\*\*150.00 Principal Place of Business Mailing Address 2200 WINTER SPRINGS BLVD., STE, 106-315 2200 WINTER SPRINGS BLVD., STE. 106-315 OVIEDO FL 32765 OVIEDO FL 32765 ひせいせいひ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3537160 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAILEY, ELIJAH Street Address (P.O. Box Number is Not Acceptable) 2200 WINTER SPRINGS BLVD., STE. 106-315 OVIEDO FL 32765 Zip Code City

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.

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable.

changed, or on an attachment with an ac

9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Change Addition NAMÉ BAILEY, ELIJAH NAME STREET ADDRESS 2200 WINTER SPRINGS BLVD., STE. 106-315 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition .... Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIS CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ess, with all other like empowered

(NOTE: Registered Agent signature required when reinstating)

DATE