2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 09, 2001 8:00 am Secretary of State DOCUMENT # P9900067272 1. Entity Name E-DEALSUSA, INC. 02-09-2001 90216 029 ***150.00 Principal Place of Business Mailing Address 557 PINELLAS BAYWAY 557 PINELLAS BAYWAY STF 211 STE 211 **UUUIJJ7Z** TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 AHIB DEL MARBUR DER MAN BUD DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3591695 TERCBURG ENSBUR Not Applicable \$8.75 Additional 5. Certificate of Status Desired INELLA ress of Current Registered Agent ddress of New Registered Agent BROWN, KENNETH H JR. 557 PINELLAS BAYWAY STE 211 TIERRA VERDE FL 33715 8. The above named entity submits ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS KENNETH H Brown In Denange Addition CR2E034 (10/00) ☐ Delete TITLE TITLE BROWN, KENNETH H JR. 6151 BAHIA DEL MAR BLUD #125 NAME NAME STREET ADDRESS STREET ADDRESS 559 PINELLAS BAYWAY #211 CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL 33715 BECRETORY-TREADINER TITLE Delete E. BROWN TITLE BROWN, KATHERINE E NAME NAME 6151 BAHIA DEL MARL BLVD. STREET ADDRESS STREET ADDRESS 559 PINELLAS BAYWAY #211 CITY-ST-ZIP PETERSBURG CITY-ST-7IP **TIERRA VERDE FL 33715** -TITLE Delete TITLE 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 ☐ Delete TITLE 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-7IP 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 of 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR