2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F02000003042 **DOCUMENT#**

1. Entity Name

BACK NINE HOLDING CORP.



FILED Mar 31, 2003 8:00 am secretary of State

03-31-2003 90154 045 ***150.00

					WE THE						
Principal Place of Business C/O THOMAS C. ROBERGE 1 BENCH DRIVE. SE. SUITE 220 ST PETERSBURG FL 33701			Mailing Address C/O THOMAS C. ROBERGE 1 BENCH DRIVE. SE. SUITE 220 ST PETERSBURG FL 33701					H GG 12: 53 111 G	8186 (131) 88 114	0 (M (M 1 1 1 M 1 1 M 9)	
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2. Principal	Place of Business	3. Ma	3. Mailing Address				1 18 3 1108 1111 88118 11011 85111 58 1	H 88111 89111 8	0.00 (600) 60 760	61818 HIBN 1881	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City	City & State			4.	4. FEI Number Applied			oplied For	
	-	,			9				No	ot Applicable	
Zip Country		Zip Co		Coun	untry		Certificate of Status Desired		\$8.75 Add Fee Require	ditional d	
	6. Name and Address of Curren	t Register	ed Agent		المستحقات أحجي	7.	Name and Address of New R				
DOBEDO	Country Country Zip Country 5. Certificate of Status De 6.*Name and Address of Current Registered Agent 7.*Name and Address of Name Street Address (P.O. Box Number is Not Acc Proper named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statement or registered agent. City Toty Toty Proper named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statement or registered agent. 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 Ex Payable to Florida Department of State OFFICERS AND DIRECTORS PVST SKULASON, GUNNSTEINN 1 BEACH DR. SE, SUITE 220 ST PETERSBURG FL 33701 CD Delete SKULASON, GUNNSTEINN 1 BEACH DR. SE, SUITE 220 ST PETERSBURG FL 33701 Delete TITLE Delete										
			Street Address			ss (P.O. E	(P.O. Box Number is Not Acceptable)				
ST PETE	RSBURG FL 33701										
	•				City			FL	Zip Cod	е	
8. The above the obliga	e named entity submits this statement fations of registered agent.	or the purp	oose of changing its	registere	d office or regis	stered ag	gent, or both, in the State of Flor	rida. Lam f	amiliar with,	and accept	
SIGNATURE		t and title if app	plicable. (NOTI	É: Registered	I Agent signature requ	uired when re	einstating)	DATE			
	THE NOW!!! FEE IS \$150.00		T								
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Finance Trust Fund Contribution	· · -		0 May Be I to Fees	
10.		DIRECTO	J DRS	11.		AC	L DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
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12. I hereby certify that the information supplied with this filling 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 all other like empowered.

CITY-ST-ZIP

SIGNATURE:

GUNNSTEINN SKULASON 3-27-03