2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # H64707 Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** OCEAN MAGIC SURF N SPORT, INC. 03-02-2000 90024 042 ***150.00 Principal Place of Business Mailing Address 103 S. U.S. #1. SUITE C-6 103 S. U.S. #1, SUITE C-6 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2545901 Not Applicable Zip Zip Country \$8.75 Additional_ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRENCH, DONALD R. Street Address (P.O. Box Number is Not Acceptable) 103 S U S #1, C6 JUPITER FL 33477 City Zip Code FL 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 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 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, 2000 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 OFFICERS AND DIRECTORS 11. 12. ☐ Delete Change ☐ Addition TITLE NAME FRENCH, DONALD R. STREET ADDRESS STREET ADDRESS 64 COLONY RD CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33469 TITLE ☐ Change ☐ Addition ☐ Delete TITLE FRENCH, SUSAN B. NAME NAME STREET ADDRESS STREET ADDRESS 1807 - 18TH COURT CITY-ST-ZIP CITY-ST-ZIP -JUPITER FL Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP