2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 AM
Secretary of State

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Entity Name: ADVENTURES IN SAILING, INC.

Current Principal Place of Business:

6300 CLARK STREET
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

6300 CLARK STREET
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3625398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORSE, ROBERT S
9144 MOON LAKE ROAD
NEW PORT RICHEY, FL 346544407 US

Name and Address of New Registered Agent:

MORSE, ROBERT S
12509 STAGECOACH LN.
HUDSON, FL 34667 US

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: _____ 01/30/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORSE, ROBERT S D
Address: 9144 MOON LAKE RD.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D ( ) Delete
Name: MORSE, JOSEPHINE R D
Address: 9144 MOON LAKE RD.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D ( ) Delete
Name: MORSE, JOHN H D
Address: 225 ARLINGTON AVE.
City-St-Zip: SPRINGFIELD, OH 45505 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MORSE, ROBERT S D
Address: 12509 STAGECOACH LN.
City-St-Zip: HUDSON, FL 34667 US

Title: D (X) Change ( ) Addition
Name: MORSE, JOSEPHINE R D
Address: 12509 STAGECOACH LN.
City-St-Zip: HUDSON, FL 34667 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. MORSE D 01/30/2002
Electronic Signature of Signing Officer or Director — Date