2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # FILED Beade Vacation 00 DEC -1 AM 9: 20 SECRETARY OF STATE TALLAHASSEE FLORIDA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For FEI Numbe City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent agent, or both, in the State of Florida. ity submits this statement for the purpose of char ging its regis 8. The above SIGNATURE ne of register shagent and utile if an action FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be_ After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so: 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 DIREC 12. CCTC10/4 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME 600003488456--3 STREET ADDRESS STREET ADDRESS -12/05/00--01117--011 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Defete ከተኒፈተ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I. ST ZIP ☐ Addition ☐ Change TITLE ☐ Delete HILE NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP . ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME KΕ STREET ADDRESS ANDRESS CITY-ST-ZIP ST-ZIP 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 changed, or on an attraction of the corporation of the co -NATURE OR DIRECTOR

409 Pine Avenue P. O. Box 4121

Anna Maria FL 34216

Department of State
Division of Corporations
P.O.Box 1500
Tallahassee FL 32302-1500

Anna Maria October 2nd 2000

RE: P98000002645 Granny's Beach Vacaton Inc. Change of Officers

Dear Sir/Madam,

Find attached the resignation of Patricia Staebler as President and the decisions the Shareholders made on their last Shareholder Meeting concerning the new officers.

By the way, as of today we have not received the annual request for the Profit Corporation Annual Report 2000.

Please give us notice about this circumstance.

Sincerely,

Doug Dowling Vice-President