2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000014155 May 26, 2000 8:00 am Secretary of State HENDERSON SURFING PRODUCTS, INC. 05-26-2000 90117 009 ***150.00 Principal Place of Business Mailing Address 900-A ANASTASIA BLVD 900-A ANASTASIA BLVD ST AUGUSTINE FL 32084-4620 ST AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address 941 IITH AVE S DO NOT WRITE IN THIS SPACE 4. FEI Number 549-93-2/87 Applied For bakson ville Bch. FL Not Applicable acksonvi \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Eric J. Henderson HENDERSON, ERIC J 900-A ANASTASIA BLVD ST AUGUSTINE FL 32084 941 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 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE D Delete TITLE Henderson, Eric J HENDERSON, ERIC J NAME NAME 941 118h. AVE 5. STREET ADDRESS STREET ADDRESS 900-A ANASTASIA BLVD Jac Ksanville Beach, FL 32250 CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Addition □ Delete TITLE HENDERSON, DONALD J NAME NAME STREET ADDRESS STREET ADDRESS 473 CHERYL CT CITY-ST-ZIP_ CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Addition ☐ Change □ Delete TITLE 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 CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP, ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME Berger Later Clark Control Control STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR