

05-22-2001 90054 016 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

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|--|---------------------------------|--|--|--|---|
| DOCUMENT # P99000014155 | | | | 76083 | |
| 1. Entity Name Volumeone Surfing Accessories, Inc | | | | | |
| Principal Place of Business 529 14th Ave S. Jacksonville Bch, FL 32250 | | | Mailing Address P.O. BOX 358 Font Vetrica Bch, FL 32004 | | |
| 2. Principal Place of Business 529 14th Ave S. Subs. Apt. #, etc. | | 3. Mailing Address P.O. BOX 358 Subs. Apt. #, etc. | | | |
| City & State Jacksonville Bch, FL Zip 32250 | | City & State Font Vetrica Bch, FL Zip 32004 | | 4. FEI Number 59-3574033 | |
| Country USA | | Country USA | | 5. Certificate of Status Cleared <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent Eric Henderson 529 14th Ave S. Jacksonville Bch, FL 32250 | | | 7. Name and Address of New Registered Agent Name: Eric Henderson Street Address (P.O. Box Number is Not Acceptable): 529 14th Ave S. City: Jacksonville Bch FL Zip Code: 32250 | | |
| 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: Eric Henderson 4/30/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small> | | | | | |
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input checked="" type="checkbox"/> <small>(See criteria on back)</small> | | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | 11. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE President NAME Eric Henderson STREET ADDRESS 529 14th Ave S. CITY-ST-ZIP Jacksonville Bch, FL 32250 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE Vice President NAME Don Henderson STREET ADDRESS 473 Cheryl Ct CITY-ST-ZIP Jacksonville FL 32259 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: 4/30/01 Eric Henderson | | | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |

CR2E034 (1/00)