2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2001 8:00 am Secretary of State DOCUMENT # P99000096731 MAINSAIL RENTALS, INC. 05-11-2001 90059 017 ***150.00 Principal Place of Business Mailing Address 936 - U.S. HWY #1 936 - U.S. HWY #1 SEBASTIAN FL 32958 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0959831 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHELE HOLM JAMAR, DAVID N Street Address (P.O. Box Number is Not Acceptable) 936 - U.S. HWY #1 936 US HIGHWAY 1 SEBASTIAN FL 32958 Zip Code **32958** City F **SEBASTIAN** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD CR2E034 (10/00) TITLE X Delete TITLE X Change Addition PRESIDENT JAMAR, DAVID N NAME NAME MICHELE HOLM STREET ADDRESS 936 - U.S. HWY #1 STREET ADDRESS 936 US HIGHWAY #1 CITY-ST-ZIP CITY-ST-7IP SEBASTIAN FL 32958 SEBASTIAN, FL 32958 TITLE X Delete TITLE Change Addition JAMAR, PATRICIA A NAME NAME STREET ADDRESS 936 - U.S. HWY #1 STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL 32958 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7H Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-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 attachment with an address, with all other like empowered.

Daytime Phone #