2001, UNIFORM BUSINESS REPORT (UBR) FILED Mar 14, 2001 8:00 am Secretary of State **DOCUMENT # 231260** 1. Entity Name BLUE OCEAN LODGE, INC. 03-14-2001 90495 027 ***150.00 Principal Place of Business Mailing Address 5001 N OCEAN BLVD 5001 N OCEAN BLVD BOYNTON BCH FL 33435 BOYNTON BCH FL 33435 というしょうしょう 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0965259 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MADSEN, FRED C. Street Address (P.O. Box Number is Not Acceptable) 5001 N OCEAN BLVD **BOYNTON BEACH FL 33435** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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 DIRECTORS 11. 12. ☐ Change ★ Addition VPD X Delete TITI F TITLE ÄNDRES, WALTER SEXTON, AVIS NAME 5001 N. OCEAN BLVD., 5001 N OCEAN BLVD STREET ADDRESS STREET ADDRESS BOYNTON, BEACH, FLORIDA 33435 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** X Addition TITLE ☐ Change ☐ Delete TITLE MADSEN, FRED C. NAME RIDDERING, ALLEN NAME STREET ADDRESS 5001 N. OCEAN BLVD., BOYNTON BEACH, FL 33435 5001 N. OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP **BOYNTON BEACH FL 33435** ☐ Change Addition TITLE ☐ Delete TITLE KEOGH __NANCY_____ LE CHARD, JOHN NAME NAME-5001 N. OCEAN BLVD., STREET ADDRESS 5001 N OCEAN BLVD STREET ADDRESS BOYNTON BEACH, FL.33435 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH, FL 00000** ☐ Addition Change TITLE ☐ Delete TITLE EICK. WILSON NAME NAME STREET ADDRESS STREET ADDRESS 5001 N. OCEAN BLVD. CITY-ST-ZIE CITY-ST-ZIP **BOYNTON BEACH FL 33435** ☐ Change Addition PD TITLE Delete TITLE PUMO, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 5001 N. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** T Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 receive 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TWPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO

SECRETARY

_3/9/01

Daytime Phone #