2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # 531434** 1. Entity Name POWERLINE BANANA BOAT, INC. 04-30-2001 90002 020 ***150.00 Principal Place of Business Mailing Address 1441 SW 26 AVE 1441 SW 26 AVE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 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 59-1737303 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURGESS, GORDON G Street Address (P.O. Box Number is Not Acceptable) 3100 NE 49TH ST #702 FORT LAUDERDALE FL 33308 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 9. This corporation is only and elects to do so. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS LATER LATER 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITI F ☐ Delete BURGESS, GORDON G NAME NAME STREET ADDRESS STREET ADDRESS 3100 NE 49TH ST APT 702 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 0 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BURGESS, WILLIAM G. NAME NAME 3100 N.E. 49TH ST APT #702 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33305 ☐ Change ☐ Addition TITLE TITLE ☐ Delete BURGESS, MARY F. NAME* NAME ----STREET ADDRESS STREET ADDRESS 3100 N.E. 49 ST. APT. 702 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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: Marie 7. Sunt Sul 4-14-01 954-972-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayling Phone #