2000 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2000 8:00 am Secretary of State DOCUMENT # 606908 EL GALEON BY THE SEA, INC. 04-26-2000 90094 026 ***150.00 Principal Place of Business Mailing Address 1770 GULF BLVD. 1770 GULF BLVD. ENGLEWOOD FL 34223 ENGLEWOOD FL 34223-5730 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2070881 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name* DICKINSON.ROBERT A. ESQ. Street Address (P.O. Box Number is Not Acceptable) 460 S. INDIANA AVE. **ENGLEWOOD FL 34223** 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 DATE (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE **GENTH.RICHARD** NAME NAME 1840 GULF BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223 CITY-ST-ZIP ☐ Addition ☐ Change Detete TITLE TITLE GENTH, LAVONNE NAME NAME 1840 GULF BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL 34223** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE-DEPALMA, JOHANNA NAME NAME 1765 GULF BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 any 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 attachurdent with an address, with all parer like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/~/pe 94-4-15-27.05 Date 94-4-15-27.05