2003 FOR PROFIT CORPORATION

Apr 14, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State 630137 DOCUMENT # 1. Entity Name 04-14-2003 90782 018 ***150.00 GRAND BAHAMAS AGENCIES, INC. Principal Place of Business Mailing Address 11901 NW 38TH PLACE 11901 NW 38TH PLACE SUNRISE FL 33323 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -----Name WAUGH, JILL Street Address (P.O. Box Number is Not Acceptable) 11901 NW 38TH PLACE. SUNRISE FL 33323 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE WAUGH, HAROLD R.H. NAME NAME 11901 N.W. 38th ALACE STREET ADDRESS 11901 NW 38TH PLACE STREET ADDRESS SunRsse, FL 33323 CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP ☐ Delete Change ■ Addition TITI F TITLE WAUGH, GODFREY NAME NAME 11901 NW 38K PLACE STREET ADDRESS 11901 NW 38TH PLACE STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP Delete Change TITLE ☐ Addition TITLE WAUGH, BRIAN NAME NAME NW 3PF PLACE % 11901 STREET ADDRESS 11901 NW 38TH PLACE STREET ADDRESS 33323 CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change JUST ADDER & 10 TO THE ADJRESS ALL KLEE REMENS SAME. | Change | A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

TITLE NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

☐ Addition