2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATURE:

Jan 16, 2002 8:00 am Secretary of State DOCUMENT # 631449 1. Entity Name 01-16-2002 90062 045 ***150.00 BANANA BOAT PRODUCTS, INC. Principal Place of Business Mailing Address 1750 FRANKFORD AVENUE P.O.BOX 15145 SUITE Q PANAMA CITY FL 32406 PANAMA CITY FL 32405 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1948304 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLESNER CHARLES PLESNER, CHARLES **4640 HILLTOP LANE** PANAMA CITY FL 32405 PORNT 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. 1/10/02 CARL PLESNER SIGNATURE name or 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE Delete TITLE Change Addition PLESNER, CHARLES NAME NAME STREET ADDRESS 1013 MARINA CLUB DRIVE STREET ADDRESS CITY~ST-7IP **BAY POINT FL 32411** CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME PLESNER, CAROL NAME STREET ADDRESS STREET ADDRESS 1013 MARINA CLUB DRIVE CITY-ST-ZIP CITY-ST-ZIP BAY POINT FL 32411 TITLE ☐ Defete TITLE · Change ☐ Addition PLESNER, CARL NAME CAON TRIOR YAB PECH STREET ADDRESS 1013 MARINA CLUB DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAY POINT FL 32411 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE П Сһалое ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

850-769-9433

CR2E034 (9/01)

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FILED