2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

PED OR PRINTED NAME O

SIGNING OFFICER OR DIRECTOR

Apr 28, 2000 8:00 am Secretary of State **DOCUMENT # 668499** PORTSIDE SAILING RENTALS, INC. 04-28-2000 90083 040 ***150.00 Mailing Address Principal Place of Business 2920 WESTFIELD ROAD 2920 WESTFIELD ROAD GULF BREEZE FL 32561-3134 GULF BREEZE FL 32561 11162**0**UN US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1992776 Not Applicable Zip Country Zip Country \$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 RENBARGER, TONY Street Address (P.O. Box Number is Not Acceptable) 3370 LEMMINGTON RD. PENSACOLA FL 32504 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change ☐ Delete TITLE RENBARGER, ANNETTE NAME NAME STREET ADDRESS STREET ADDRESS 3370 LEMMINGTON RD. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 Change ☐ Addition ☐ Delete TITLE NAME POHLMANN, ROBERT L. NAME STREET ADDRESS 1447 EL SERENO CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** Delete_____ TITLE TITLE NAME POHLMANN, JOHANNA NAME STREET ADDRESS 1447 EL SERENO CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** ☐ Addition TITLE Delete TIT1 F RENBARGER, TONY NAME NAME STREET ADDRESS STREET ADDRESS 3370 LEMMINGTON RD. CITY-ST-ZIP City-St-7/P PENSACOLA FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen with an address, with all other like empowered.