2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
03-21-2003 90099 017 ****61.25

DOCUMENT # 734984

1. Entity Name
HOMOSASSA SAFE BOATING, INC.

Principal Place of Business	Mailing Address
P O BOX 3894 HOMOSASSA SPRINGS FL 34447 US	P O BOX 3894 HOMOSASSA SPRINGS FL 34447 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2466084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERG, SARAH 3929 N. MONANOCK RD HERNANDO FL 3442	Name LAWRENCE FRANKLIN Street Address (P.O. Box Number is Not Acceptable) 3223 WILTSHIRE AVE City SPRING HILL **FL** Zip Code 34608

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 _____ 2-8-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, HARRIS W 667 S. PORMIERE HOMOSASSA FL 34446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONSUL, PATRICIA 7153 W. PARKWAY LANE HOMOSASSA, FL 34446	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERG, SARAH 3926 N. MONADNOCK RD. HERNANDO FL 34442	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRANKLIN, LAWRENCE 3223 WILTSHIRE AVE SPRINGHILL, FL 34608	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWICKE, EDWARD 1 POPLAR COURT HOMOSASSA FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, FRANKLIN 2436 W. SUMMER PLACE CITRUS SPRINGS, FL 34434	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORSE, MATHEW 14 BUCKEYE CT. HOMOSASSA FL 34046	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD UTTER, BRENT 21 POPLAR COURT HOMOSASSA, FL 34446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WRIGHTSON, DIRK 141 N ROSEBUSH PT LECANTO FL 34461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, LINDA 667 S. PREMIERE AVE HOMOSASSA FL 34446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR CARLB, GARY J. 3888 N. BAYWOOD DRIVE HERNANDO, FL 34442	☒ Change ☐ Addition

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Dirk Wrightson, treasurer 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #