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

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

☐ CHECK HERE IF MAKING CHANGES

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 _____ 2-18-03
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	D ☑ Delete	TITLE	D ☑ Change ☐ Addition
NAME	JONES, HARRIS W	NAME	CONSUL, PATRICIA
STREET ADDRESS	667 S. PORMIERE	STREET ADDRESS	7153 W. PARKWAY LANE
CITY-ST-ZIP	HOMOSASSA FL 34446	CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	SD ☑ Delete	TITLE	SD ☑ Change ☐ Addition
NAME	BERG, SARAH	NAME	FRANKLIN, LAWRENCE
STREET ADDRESS	3926 N. MONADNOCK RD.	STREET ADDRESS	3223 WILTSHIRE AVE
CITY-ST-ZIP	HERNANDO FL 34442	CITY-ST-ZIP	SPRINGHILL, FL 34608
TITLE	D ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	LEWICKE, EDWARD	NAME	RICE, FRANKLIN
STREET ADDRESS	1 POPLAR COURT	STREET ADDRESS	2436 W. SUMMER PLACE
CITY-ST-ZIP	HOMOSASSA FL 34446	CITY-ST-ZIP	CITRUS SPRINGS, FL 34434
TITLE	D ☑ Delete	TITLE	VPD ☐ Change ☑ Addition
NAME	MORSE, MATHEW	NAME	UTTER, BRENT
STREET ADDRESS	14 BUCKEYE CT.	STREET ADDRESS	21 POPLAR COURT
CITY-ST-ZIP	HOMOSASSA FL 34046	CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WRIGHTSON, DIRK	NAME	
STREET ADDRESS	141 N ROSEBUSH PT	STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34461	CITY-ST-ZIP	
TITLE	PD ☑ Delete	TITLE	PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME	JONES, LINDA	NAME	CARLE, GARY J.
STREET ADDRESS	667 S. PREMIERE AVE	STREET ADDRESS	3888 N. BAYWOOD DRIVE
CITY-ST-ZIP	HOMOSASSA FL 34446	CITY-ST-ZIP	HERNANDO, FL 34442

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 #