2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 23, 2001 8:00 am DOCUMENT # F0000005906 **Secretary of State** 1. Entity Name PALMETTO BAY OF HILTON HEAD, INC. 01-23-2001 90051 038 ***150.00 Principal Place of Business Mailing Address 11 PALMETTO BAY ROAD, 107A 1075 DUVAL ST., C-10 901712 HILTON HEAD ISLAND SC 29928 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 57-1091827 Not Applicable 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 YURCO, RODNEY M Street Address (P.O. Box Number is Not Acceptable) 1217 PACKER ST. (REAR) Florida Street KEY WEST FL 33040 Zip Code 33040 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, 2001 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME POELVOORDE, MIKE STREET ADDRESS STREET ADDRESS 11 PALMETTO BAY ROAD, 107A CITY-ST-ZIP CITY-ST-ZIP HILTON HEAD ISLAND SC 29928 Change ☐ Addition TITLE ☐ Delete TITLE Yurco, Rodney M NAME YURCO, RODNEY M NAME 1204 Florida Street STREET ADDRESS STREET ADDRESS 1217 PACKER ST., (REAR) CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.