2003 FOR PROFIT CORPORATION

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SIGNATURE AND TYPED OR PRINTED NAM

SIGNATURE:

Mar 06, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBI H81539 DOCUMENT # 03-06-2003 90128 042 ***150.00 1. Entity Name TURTLE BEACH CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 631 U.S. HWY.#1.STE.303 631 U.S. HWY.#1.STE.303 N.PALM BCH. FL 33408 N.PALM BCH, FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2600222 Not Applicable Zip Country 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 SMALLEGANGE, BASTIAAN ... Street Address (P.O. Box Number is Not Acceptable) 631 U.S. HWY.#1,STE,303 N.PALM BCH, FL 33408 City Zip Code 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 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE VΡ Change Addition NAME SMALLEGANGE, BASTIAAN NAME STREET ADDRESS 631 U.S. HWY.#1,STE.303 Pat Marshall STREET ADDRESS CITY-ST-ZIP N.PALM BCH, FL 631 US Hwy #1 Ste 33038 CITY-ST-ZIP TITLE ۷P Delete TITLE ☐ Change ☐ Addition NAME JOHN D. ALEXANDER NAME STREET ADDRESS 631 US HIGHWAY 1 STE 303 STREET ADDRESS CITY-ST-ZIP N. PALM BEACH FL. CITY-ST-ZIP TITLE SEC ☐ Detete TITLE ☐ Change ☐ Addition NAME SMALLEGANCE, MARJO G. NAME STREET ADDRESS 631 US HWY #1, STE 303 STREET ADDRESS CITY-ST-ZIP N. PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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-7IP 12. I hereby certify that the information supplied with this filing not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supply rental report is troe and a of the corporation or the receiver or trustee empowered to e

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561 - 844-1301 Davitime Phone