2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
04-06-2001 90015 024 ***158.75

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # K06234

1. Entity Name
WIND & WATER SPORTS, INC.

Principal Place of Business	Mailing Address
3040 ESTERO BLVD FT. MYERS BEACH FL 33931 US	3040 ESTERO BLVD FT. MYERS BEACH FL 33931 US

2. Principal Place of Business	3. Mailing Address
SAme	P.O. Box 218
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CAPTIVA Florida
Zip / Country	Zip: 33924 / Country: U.S.A.

4. FEI Number 65-0017616 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRIMICH, THEODORE F.
15030 N. PEBBLE LANE
FT MYERS BEACH FL 33912

7. Name and Address of New Registered Agent

Name: PRimich, THeodoRE F.
Street Address (P.O. Box Number is Not Acceptable): 900 SAN CARLOS DR.
City: FoRT MyERS BeAch FL Zip Code: 33931

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 SAMe — 3/12/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	PResidenT ☑ Change ☐ Addition
NAME	PRIMICH, THEODORE F.	NAME	Primich, Theodore F.
STREET ADDRESS	15030 N. PEBBLE LANE	STREET ADDRESS	900 SAN CARLos Dr.
CITY-ST-ZIP	FT MYERS BEACH FL 33912	CITY-ST-ZIP	ForT myeRs Beach, FL. 33931
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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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	

CR2E034 (10/00)

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.

SIGNATURE: Theodore F. Primich Pres. 3/12/2001 941-472-2938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #