AMENDED

# 2001 UNIFORM BUSINESS REPORT (UBR)

[redacted] 09-13-2001 90017 006 ****70.00
K18605

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A0085695

DOCUMENT # K18605

1. Entity Name
Jet Ski Orlando

Principal Place of Business: 6801 S. Orange Ave. Orlando, FLa.
Mailing Address: same

2. Principal Place of Business: 6801 S. Orange Ave
Suite, Apt. #, etc.:
City & State: Orlando, FL
Zip: 32809 County: Orange

3. Mailing Address: same
Suite, Apt. #, etc.:
City & State:
Zip: County:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2883102 ☐ 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
Name: Kevin W. Simmons
Street Address (P.O. Box Number is Not Acceptable):
6801 S. Orange Ave
City: Orlando FL Zip Code: 32809

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: Kevin W Simmons Kevin W. Simmons V.P. 9-5-01
(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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | President + Secretary<br>Betty N. Simmons<br>8611 Curry Ford Rd<br>Orlando, FL 32825 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | Vice President<br>Kevin Simmons<br>10042 Nona ST<br>Orlando FL 32825 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | Treasurer<br>Theresa J. Simmons<br>10042 Nona St<br>Orlando, FL 32825 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (11/00)

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: Betty N Simmons Betty N. Simmons 9-5-01 (407) 859-3006
(Signature and typed or printed name of individual) PRES. (Title) (Date) (Daytime Phone #)