FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Apr 23, 2002 8:00 am § Secretary of State DOCUMENT # K73985 1. Entity Name 04-23-2002 90384 048 \*\*\*150 SUNBEAM DRIVING RANGE, INC. Principal Place of Business Mailing Address SUNBEAM DRIVING RANGE INC 10736 SKYLARK DR. 4448 SUNBEAM RD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 US 2. Principal Place of Business 3. Mailing Address Sunbeam Driving sunbeam? Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 0736 4. FEI Number Applied For 59-2946691 JacksonVille Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Duval Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAO. THOMES Street Address (P.O. Box Number is Not Acceptable) 10736 SKYLARK DR. JACKSONVILLE FL 32257 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME CHAO, THOMAS K. NAME STREET ADDRESS 10736 SKYLARK DR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE VSD ☐ Delete TITLE ☐ Addition NAME CHAO, LECO L. NAME STREET ADDRESS 10736 SKYLARK DR STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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