2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000000872

Entity Name: GULF COAST SKIMMERS WATER SKI SHOW, INC.

FILED Apr 28, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

LAKE AVALON LAKE AVALON 4290 AVALON DRIVE

SUGDEN REGIONAL PARK SUGDEN REGIONAL PARK EAST NAPLES, FL 34112 EAST NAPLES, FL 34112

Current Mailing Address: New Mailing Address:

4290 AVALON DRIVE - LAKE AVALON 4002 CINDY AVE NAPLES, FL 341126730 US

SUGDEN REGIONAL PARK NAPLES, FL 34112

FEI Number: 65-0372444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GURSOY, JOHN GURSOY, JOHN V 4002 CINDY AVENUE 4002 CINDY AVENUE NAPLES, FL 34112 NAPLES, FL 34112

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: NA 04/28/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MOSHER, PHIL ZIIMMERMAN, ERIC Name: Name: 1180 TURTLE CREEK APT 1224 Address: P. O. BOX 110564 Address:

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34108

Title: PD Title: () Change () Addition () Delete GURSOY, JOHN V Name: Name:

Address: 4002 CINDY AVE. Address: City-St-Zip: NAPLES, FL City-St-Zip:

Title: () Delete Title: SD (X) Change () Addition JOHNSON, NEIDA Name: JOHNSON, NEIDA Name:

11764 QUAIL VILLAGE WAY 1510 LOGAN COURT Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119

Title: VPD () Delete Title: VPD (X) Change () Addition

HOPKINS, SCOTT Name: HOPKINS, SCOTT Name:

234 PEBBLE BEACH BOULEVARD 234 PEBBLE BEACH BOULEVARD APT 306 Address: Address:

City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN V. GURSOY **PRES** 04/28/2003