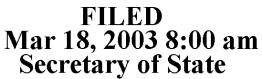
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOO! IMENIT # D00000000440



1. Entity Name BOYNTON SHIPWRECK, INC.								03-18-2003 90063 016 ***150.00				
502 E OCEAI	ce of Busines N AVE EACH FL 3343		Mailing Address 306 SE 1ST AVE BOYNTON BEACH FL 33435									
2. Principal Place of Business			3. Malling Address					/ 18811641 111 6511/ 1 8111 88 11 38 11		(8 () 68 () 3(8 ()		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. F	65-0987893			pplied For ot Applicable
Zip	Country 6. Name and Address of Curren		Zìp		Count	Country			ertificate of Status Desired		\$8.75 Ad Fee Require	
•		Name		- 7.∮ Na	rme and Address of New Re	gistered A	gent					
KERN, KEITH D ESQ 5691 DAVID LANE						Street A	ddress (F	P.O. Bo	x Number is Not Acceptable)			
OCEAN F	RIDGE FL 33	435				City			~ 1	FL	Zip Coo	de
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) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								1	Election Campaign Fina Trust Fund Contribution.		\$5.0 Adde	00 May Be d to Fees
10.	PSTD	OFFICERS AND	DIRECTOR	Delete	11.		1	ADD	TIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR Change	S IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE	ADDRESS	1,-	, .			☐ Change	☐ Addition

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

561 731 4282