FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mar 12, 2003 8:00 am § Secretary of State P00000036929 DOCUMENT # 1. Entity Name 03-12-2003 90129 023 ***150.00 MIRAGE PUTTING GREENS OF FLORIDA, INC. Principal Place of Business Mailing Address 8023 ARCADIAN COURT 8023 ARCADIAN COURT MOUNT DORA FL 32757 MOUNT DORA FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3639876 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUDSON, KENNETH K JR Street Address (P.O. Box Number is Not Acceptable) 8023 ARCADIAN COURT **MOUNT DORA FL 32757** 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. I am familiar with, and accept 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition HUDSON, KENNETH K JR NAME NAME STREET ADDRESS 8023 ARCADIAN COURT STREET ADDRESS CITY-ST-ZIP **MOUNT DORA FL 32757** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HUDSON, PHYLLIS NAME STREET ADDRESS 8023 ARCADIAN COURT STREET ADDRESS CITY-ST-ZIP **MOUNT DORA FL 32757** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT1 F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 of 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 wit.

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Kenneth K. Hudson Ir. 2/8