

2002  
2003  
2000 UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

03 JUN 23 PM 1:07

DOCUMENT # P00000038805

1. Entity Name  
BOGGY CREEK PARASAIL RIDES, INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
3702 BIG BASS ROAD  
KISSIMMEE, FL  
34744

2. Principal Place of Business SAME  
3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State

4. FEI Number 59:3640337 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FOUST, KATHLEEN M.  
17 S ORLANDO AVENUE  
KISSIMMEE, FLORIDA 34741

7. Name and Address of New Registered Agent  
Name: G. PATTISON  
Street Address (P.O. Box Number is Not Acceptable): 917 N PALMWAY STREET  
City: KISSIMMEE FL Zip Code: FLORIDA

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 Grace Pattison Grace Pattison  
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)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00  
Trust Fund Contribution. May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PRESIDENT<br>GERALD TURNER, JR<br>2151 UNDERWOOD AVENUE<br>ST CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VICE PRESIDENT<br>CONNIE TURNER<br>2151 UNDERWOOD AVENUE<br>ST CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | PRESIDENT<br>JOSEPH CLEMENTS<br>3702 BIG BASS ROAD<br>KISSIMMEE, FLORIDA 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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06/23/03 01059-011 \*\*\*300.00

CR2E034 (9/99)

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: Joseph Clements 4/30/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #