2001 UNIFORM BUSINESS REPORT (UBR)

Jun 14, 2001 8:00 am Secretary of State DOCUMENT # P0000043794 05-16-2001 90375 017 ***150.00 PLEASURE WATERSPORTS, INC. Principal Place of Business Mailing Address 1234 AIRPORT RD., SUITE 204 1234 AIRPORT RD., SUITE 204 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address 35008 Emerald Coast Pkwy Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4th Floor City & State Destin, FL 4. FEI Number 59-35606 City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32541; USA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BILGER, DANIEL Q Street Address (P.O. Box Number is Not Acceptable) 1234 AIRPORT RD., SUITE 204 DESTIN FL 32541 Zio 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, typed or printed name of registered agent and title if applicati (NOTE: Registered Agent signs: ure required when r FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Maké Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, ☐ Delete TITLE TELLE Bilger, Daniel Q. 35008 Emerald Coast Pkwy 4th Floor BILGER, DANIEL Q NAME NAME STREET ADDRESS STREET ADDRESS 1234 AIRPORT RD., SUITE 204 Destin Fl 32541 CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP C/TY-ST-ZIP

13. I hereby cartify 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:

