## 2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State DOCUMENT # P0000056731 PERSONAL WATERCRAFT SERVICES INC. 05-11-2001 90006 010 \*\*\*150.00 Principal Place of Business Mailing Address 2840 WORTH AVENUE 2840 WORTH AVENUE HNIT 3-4 UNIT 3-4 **ENGLEWOOD FL 34224** ENGLEWOOD FL 34224 2. Principal Place of Business 3. Mailing Address 2851 AVE OF THE AMERIAS 2851 AVECE THE AMERICA'S Suite Apt # etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ENCLEWOOD <u>59 - 3652229</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mamo SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE Delete TITLE ☐ Addition MAGSBY, RAY D JR NAME NAME 2840 WORTH AVENUE UNIT 3-4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL 34224** CITY-ST-ZIP SVD TITLE ☐ Delete TITLE Change Addition SPEGAL, WILLIAM L NAME 2840 WORTH AVENUE UNIT 3-4 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **ENGLEWOOD FL 34224** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITE F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

D. MAGSBY JR 24 April