2003 FOR PROFIT CORPORATION

Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT #1 P00000063197 04-21-2003 90316 021 ***150.00 1. Entity Name CLUBS UNLIMITED, INC. Principal Place of Business Mailing Address 4 ST ANDREWS COURT 4 ST ANDREWS COURT PALM COAST FL 32137-1441 PALM COAST FL 32137-1441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3658829 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 TOSH, STEVE L Street Address (P.O. Box Number is Not Acceptable) 4 ST ANDREWS COURT PALM COAST FL 32137-1441 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. 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition _NAME tosh, steve l NAME STREET ADORESS 4 ST ANDREWS COURT STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP PALM COAST FL 32137-1441 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME tosh, ann v STREET ADDRESS STREET ADDRESS 4 ST ANDREWS COURT CITY-ST-ZIP CITY-ST-ZIP |PALM COAST FL 32137-1441 ☐ Delete TITLE "☐ Changé ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME

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

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TEPHEN L. TOSH

☐ Delete

☐ Addition

FILED