## 2001 UNIFORM BUSINESS REPUNT (UBR)

## Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P00000065643 1. Entity Name HORSESHOE BEACH MARINE INC. 03-20-2001 90043 018 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 368 P.O. BOX 368 HORSESHOE BEACH FL 32648 HORSESHOE BEACH FL 32648 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State -3653884 Not Applicable Zip Country 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 SPRADLEY, TASHA L Street Address (P.O. Box Number is Not Acceptable) CORNER OF 1ST. & 2ND AVE. HORSESHOE BEACH FL 32648 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 algosture required when reinstating) 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 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESident: CR2E034 (10/00) ☐ Change TITLE □ Delete TITLE TASHA L. SPRACILLY OND AVE E. NAME MAME STREET ADDRESS STREET ADDRESS HORSESHOEBCH. 21. 32648 CITY - ST- ZIP CITY-ST-ZIP VICE PRESIDENT Delete TITLE TITLE TASHA L. SPRAdley and AUSE. NAME NAME STREET ADDRESS STREET ADDRESS CRN of HORSESHOE Beh. Fla. 32648 CITY-ST-ZIP CUTY-ST-7IP TITLE ☐ Dalete TITLE SERRETARY ☐ Change Addition TASHA L. SPRANGE AND 2ND AVE E NAME NAME STREET ADDRESS STREET ADDRESS Beh. Ha CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 chapted, or on an attachment with an address, with all other like empowered. changed, or on an attachmen SIGNATURE: