FILED

2001 UNIFORM BUSINESS REPORT (ÚBR)

Jan 18, 2001 8:00 am Secretary of State DOCUMENT # P0000070190 - SAILING ADS-CORPORATION -- ---01-18-2001 90029 020 ***150.00 Principal Place of Business Mailing Address 530 SAN MARCO DRIVE 530 SAN MARCO DRIVE FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 530 SAN MARCO D R DO NOT WRITE IN THIS SPACE ORT LHUDERDALE Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SAME DAVIS, LARRY Street Address (P.O. Box Number is Not Acceptable) 530 SAN MARCO DRIVE FT LAUDERDALE FL 33301 Zip Code City statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) VICE PRESIDENT TITLE ☐ Delete NAME NAME LARRY S. DAVIS STREET ADDRESS 530 SAN MARCO DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FTHAUD, FL 33301 TITLE PRESIDENT ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐.Delete------NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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