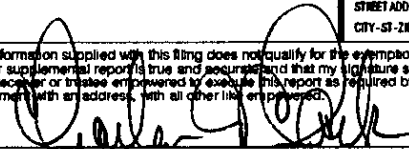


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90209 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000095511					
1. Entity Name PAR GOLF ENTERPRISES, INC.					
Principal Place of Business 1841 SUMMER GREEN DR DAYTONA BEACH, FL 32128			Mailing Address 1841 SUMMER GREEN DR DAYTONA BEACH, FL 32128		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 74-2978143 Applied For ☐ Not Applicable ☐					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCOTT, ALAN F JR 8896 N. MILITARY TRAIL, SUITE 103-C PALM BCH GARDENS, FL 33410			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when necessary.)					
			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees ☐		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CIRASOLE, PETER		NAME		
STREET ADDRESS	112 PENINSULA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BABYLON, NY 11702		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CLARK, CHARLES		NAME		
STREET ADDRESS	1841 SUMMER GREEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32128		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CLARK, KENNETH		NAME		
STREET ADDRESS	1841 SUMMER GREEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32128		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 with an address, with all other like employees.					
SIGNATURE: 			\$14-03 386-679-9787		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

90090767



☐ CHECK HERE IF MAKING CHANGES

CR2EG34 (10/02)