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## FILED May 05, 2003 8:00 am Secretary of State

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR) DOCUMENT # P0000096232 1. Entity Name REEF DODGER, INC. 90129907 Principal Place of Business Mailing Address 3400 MCINTOSH ROAD PO ROX 22430 FT. LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33335 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 65-1045822 Not Applicable Country Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATALINI, JAMES 3400 MCINTOSH ROAD #A3 FT. LAUDERDALE, FL 33316 Street Address (P.O. Box Number is Not Acceptable) City 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. After May 1, 2003 Fee will be \$550.00\$.

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Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTOR 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete BRLE 1016 ☐ Change ☐ Addition BATALINI, JOHN F 3400 MCINTOSH ROAD STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33316 CHY-51-2P CITY-ST-ZIP TITLE ☐ Delete 10LE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Oelete TOLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Delete Addition TITLE MUE ☐ Change NAME STREET ADDRESS CITY-ST-2P CITY-ST-ZIP ☐ Dekete ☐ Change ☐ Addition TITLE TITLE NALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP TITLE Oelete TALE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). 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 cath; 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 affect ment an additional and the empowered. 954-522-1585