FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 16, 2002 8:00 am Secretary of State DOCUMENT # P00000102721 1. Entity Name 01-16-2002 90055 036 ***150.00 FLATS BAY & PASS, CO. Principal Place of Business Mailing Address 100 WALLACE AVENUE STE 250 100 WALLACE AVENUE STE 250 SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Main Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1063204 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BYRD, DEREK dumber is Not Acceptable) 100 WALLACE AVENUE STE 250 SARASOTA FL 34237 ar asota entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 CR2E034 (9/01) TITLE TITLE ☐ Addition ☐ Delete Byrd, Derek Esq NAME NAME STREET ADDRESS 100 WALLACE AVENUE STE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE SARASOTA FL 34237 ☐ Delete TITLE ☐ Addition TITLE NAME NAME HILTON, RYAN STREET ADDRESS STREET ADDRESS 473 PARTRIDGE CIRCLE CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34236 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME SEACE, ERIC STREET ADDRESS STREET ADDRESS 3354 PLANTATION PLACE CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34231 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7tP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME

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 regiver ox 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 changed, or on an attachment with an address, with an other life empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED TIME OF SIGNING OFFICER OR DIRECTOR

19/02

Daytime Phone #