FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 02, 2002 8:00 am Secretary of State **DOCUMENT #** P00000108196 1. Entity Name F&S BEACH RENTALS, INC. 05-02-2002 90081 021 ***150 00 Principal Place of Business Mailing Address 3843B SOUTH ATLANTIC AVE. 3843B SOUTH ATLANTIC AVE. H11104111 DAYTONA BEACH SHORES FL 32127 DAYTONA BEACH SHORES FL 32127 2. Principal Place of Business 3. Mailing Address 3641 SIATLANTIC 3641 S.ATLANTIC AU. Suite, Apt. #, etc. APT# 210 DO NOT WRITE IN THIS SPACE #210 BAYTONY BLACK SHORES, City & State Applied For DAYTONA BEACH SHURKS DAYTONA BRACH SHORE Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) OSTERMAN, FRED 3843B SOUTH ATLANTIC AVE. 3641 5- STLANTIC LUE. DAYTONA BEACH SHORES FL 32127 KYTONA BRALL SHORES 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. 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition OSTERMAN, FREDERICH NAME OSTERMAN, FREDERICK STREET ADDRESS 2843-B S. ATLANTIC AVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32127 CITY-ST-ZIP TONA BEACH SHIRES, FL- 32118 TITLE Delete TITLE OSTERMAN, BUGANNA **∮**NAME OSTERMAN, SUSANNA NAME 3641 S. ATLANTIL AV, AM. STREET ADDRESS 2843-B S. ATLANTIC AVE STREET ADDRESS CITY-ST-7IP DAYTONA BEACH FL 32127 CITY-ST-ZIP AYTONA BEAUL FL - 32118 TITLE Delete 🗝 TITLE -- Change - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #