FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am Secretary of State DOCUMENT # P01000023339 1. Entity Name 02-14-2002 90048 028 ***150.00 NATHANIEL BOWDITCH SAILING INC. Principal Place of Business Mailing Address SLIP A-13 HARBORWALK MARINA POST OFFICE BOX 995 DESTIN EL 32540 DESTIN FL 32540 2. Principal Place of Business 3. Mailing Address ARBORWALK Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEL Number City & State Applied For 59-37*06035* Not Applicable Country Zip Country \$8.75 Additional Fee Required OKALOOSA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALLEY, REX D Street Address (P.O. Box Number is Not Acceptable) 810 N LAKESIDE DRIVE DESTIN FL 32541 City 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. SIGNATURE B. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 **\$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) TITLE ☐ Delete Change ☐ Addition MAME WALLEY, REX D NAME TREET ADDRESS 810 N LAKESIDE DRIVE STREET ADDRESS GITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP ·fitte ☐ 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-7IP CITY-ST-ZIP 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-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: