

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91524 024 \*\*\*150.00

**DOCUMENT #** P01000033800  
**1. Entity Name**  
OFFSHORE WATER SPORTS INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
1416 PIROGUE CT  
Suite, Apt. #, etc.

**3. Mailing Address**  
1416 PIROGUE CT  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
PORT ORANGE FL

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PORT ORANGE FL

**Zip** 32119 **Country** US

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**4. FEI Number**  
59-3711193

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
SCOTT MCCORMICK

**Street Address (P.O. Box Number is Not Acceptable)**  
1416 PIROGUE CT

**City** PORT ORANGE **FL** **Zip Code** 32119

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** ☒ (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	PVST SCOTT MCCORMICK 1416 PIROGUE CT PORT ORANGE FL 32119	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** SCOTT MCCORMICK **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-18-02 386 679 5682  
**Date Daytime Phone #**

CR2E034B (12/01)