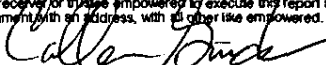


FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90142 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000066169			
1. Entity Name FULL MOON KAYAK COMPANY, INC.			
Principal Place of Business P.O. BOX 22003 FT. LAUDERDALE, FL 33335		Mailing Address P.O. BOX 22003 FT. LAUDERDALE, FL 33335	
2. Principal Place of Business 1120 NW 51ST CT		3. Mailing Address Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State	
Zip 33309	Country USA	Zip	Country
4. FEI Number 65-1120405		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUIDO, COLLEEN 1223 SEMINOLE DRIVE FT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Colleen Guido Street Address (P.O. Box Number is Not Acceptable) 1120 NW 51ST CT City Ft. Lauderdale FL Zip Code 33309	
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. I am familiar with, and accept the obligations of, the registered agent. SIGNATURE  Colleen Guido DATE 05/01/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when obtaining)			
FILE NOW WITH FEES \$140.00 FIRST MAY 15, 2003. FEE WILL BE \$550.00 IF YOU CHOOSE TO FILE WITH DISCOUNTS OF STATE		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUIDO, COLLEEN 1223 SEMINOLE DRIVE FT. LAUDERDALE, FL 33304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		05/01/03 954-328-5231	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

email: colleen@fullmoonkayak.com