2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P01000068546 1. Entity Name BEACHSIDE VACATION PROPERTIES, INC. 04-30-2002 90104 003 ***150.00 Principal Place of Business Mailing Address 623 GOODWIN AVE. 623 GOODWIN AVE. NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169 2. Principal Place of Business Mailing Address 209 DOWNERS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 City & State City & State Applied For Not Applicable Country VOLUSTA \$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 BRISSON, DENNIS P Street Address (R.O. Box Number is Not Acceptable) 623 GOODWIN AVE. **NEW SMYRNA FL** Zip Code 32168 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 STGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT / DERECTOR Delete TITLE Change ☐ Addition CR2E034 (9/01) BRISSON, DENNIS P NAME 623 GOODWIN AVE. STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH FL 32169 CITY-ST-ZIP CITY-ST-ZIP New Suyenn Beach TITLE ☐ Delete VICE HESTDENT /UTRECTOR TITLE Change NAME NAME POLIN KERNOVIN STREET ADDRESS STREET ADDRESS 2560 JURUBUUS BAY CITY-ST-ZIP 16W SMURANA BEACH. 7 32168 CITY-ST-7IP ☐ Delete TITLE SECRETARY / TREASUITER / Other of Change ☐ Addition NAME NAME Swent Schoettier 4035 Saxon Drive New Shyena BEACH STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE URECTOR ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

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 attrohment with an address, with all Shar like empowered.

CITY-ST-7/P

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR