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2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATURE:

Sep 26, 2002 8:00 am Secretary of State P01000069143 DOCUMENT # 09-03-2002 90001 012 ***150.00 FLORIDA'S SUNCOAST GOLFING LIFESTYLE, INCORPORAT Principal Place of Business Mailing Address 43095 244 SHOPPING AVE #365 244 SHOPPING AVE #365 SARASOTA FL 34237 SARASOTA FL 34237 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country Zip \$8.75 Additional Fee Required Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARNOLD, J FRANK Street Address (P.O. Box Number is Not Acceptable) **3211 33RD STREET W BRADENTON FL 34205** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (4/02) ☐ Addition Delete TITLE TITLE MERICKEL, TODO M NAME MAME STREET ADDRESS **802 HOME PLACE** STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME ARNOLD, J FRANK STREET ADDRESS STREET ADDRESS **3211 33RD STREET W** CITY-ST-ZIP CITY-ST-ZIF **BRADENTON FL 34205** ☐ Addition ☐ Chance TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

ASSOCIATES

Polow069143

RA

611 26th St. W. Bradenton, FL 34205 (941) 748-45561 Fax: (941) 749-0014

August 26, 2002

R O M E

CPA\$/Business Consultants

Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

RE: Florida Suncoast Golfing Lifestyle Monthly, Inc.

Dear Sir or Madame:

Enclosed please find Ck#1029 in the amount of \$150.00.

The business owner requests an abatement of the additional \$400.00. 2001 was the 1st year Florida Suncoast was in business and they were not aware of the annual filing until they received this 2nd notice and brought it to our office for explanation.

Thanking you in advance for your consideration in this matter.

Sincerely,

Jamie Clark

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