2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # P01000070904 1. Entity Name 02-11-2002 90150 003 ***150.00 GATOR'S DOCKSIDE OF PORT ST. LUCIE, INC. Principal Place of Business Mailing Address 160 INTERNATIONAL PKWY STE #270 160 INTERNATIONAL PKWY STE #270 HEATHROW FL 32746 HEATHROW FL 32748 2. Principal Place of Business 3. Mailing Address Suite, Apt: #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 730532 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIPPARONE, PAUL Street Address (P.O. Box Number is Not Acceptable) 160 INTERNATIONAL PKWY STE #270 HEATHROW FL 32746 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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May 8e 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01)TITLE ☐ Delete ☐ Change ☐ Addition CIPPARONE, ANTHONY J NAME STREET ADDRESS CR2E034 STREET ADDRESS 160 INTERNATIONAL PKWY STE #270 CITY-ST-ZIP CITY-ST-ZIP HEATHROW FL 32746 ☐ Change ☐ Addition ☐ Delete DIDE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Chance ☐ Addition TITLE nn F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 receipt of trustee empoyeered 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 attackness with all other like empowered. 1/24/02 Date

FILED

Mar 28, 2002 8:00 am