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

SIGNATURE:

Mar 18, 2003 8:00 am Secretary of State 1/2 01-23-2003 90045 012 ***150.00 P01000072558 DOCUMENT # 1. Entity Name FLORIDA WATERFRONT PROPERTIES, INC. JJUL/435 Mailing Address Principal Place of Business 270 SAND RUN RD. 270 SAND RUN RD. WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413 2. Principal Place of Business 3. Mailing Address 24 She 24 Sheldra Ke dra Suite, Apt. #. etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State APPLIED FOR Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rucker RUCKER, THOMAS F SR. Street Address (P.O. Box Number is Not Acceptable) 30 MILESTONE WAY WEST PALM BEACH FL 33415 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCEO** PCGD Channe ☐ Addition CR2E034 (10/02) TITLE ☐ Delete TITLE RUCKER, THOMAS F SR. NAME NAME RUCKER, THOMAS F. STREET ADDRESS 270 SAND RUN RD. STREET ADDRESS zy sheldrake lane CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33415 Change TITLE DCOB ☐ Delete TITLE NAME RUCKER, THOMAS F SR. NAME STREET ADDRESS STREET ADDRESS 270 SAND RUN RD. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 Addition Change -TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete тпте NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED