2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

FILED May 23, 2002 8:00 am Secretary of State **DOCUMENT #** P01000114024 1. Entity Name BOAT ONE INC. 05-23-2002 90044 014 ***150.00 Principal Place of Business Mailing Address 560 SPINNAKER LANE 560 SPINNAKER LANE LONG BOAT KEY FL 34228 LONG BOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Addres 1300 300 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. EEI Number Applied For Tendin Not Applicable \$8.75 Additional 390 5. Certificate of Status Desired OSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIDSHAL, JOAN Street Address (P.O. Box Number is Not Acceptable) 220 NORTH TUTTLE AVE. STE. B SARASOTA FL 34237 City Zip Code FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete Change ☐ Addition SURINA, DAVID L NAME NAME STREET ADDRESS 931 W. 75TH STREET ST. 137-317 STREET ADDRESS CITY-ST-ZIP NAPERVILLE IL 60565 CITY-ST-ZIP Presiden TITLE President ☐ Delete TITLE Change Addition NAME Mark NAME Mark Ant STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 90 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME and the second second NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP 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 attachment with an address with all-other files empowered.

Daytime Phone #