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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000040689

1. Entity Name
BUOY, INC

800020046898
05/28/03--01076--021 **1050.00

Principal Place of Business
9105 OLD ST AUGUSTINE ROAD
TALLAHASSEE, FL 32311

Mailing Address
9105 OLD ST AUGUSTINE ROAD
TALLAHASSEE, FL 32311

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.: [struck out]
City & State: 4178 Apalachee Pkwy.
Zip / Country: Tallahassee FL 32311

3. Mailing Address
Suite: [struck out]
City & State: 4178 Apalachee Pkwy.
Zip / Country: Tallahassee FL 32311

4. FEI Number: 51-0463199 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETRANDIS, JOHNNY II
9105 OLD ST AUGUSTINE ROAD
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name: Johnny Petrandis II
Street Address (P.O. Box Number is Not Acceptable): 4178 Apalachee Pkwy.
City: Tallahassee FL Zip: 32311

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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
Pres	Johnny Petrandis II	4178 Appalachee Pky	Tallahassee, FL 32311	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/1/3 852-933-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #