FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90156 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10065089

DOCUMENT # P02000056585

1. Entity Name
TEE OFF TOMORROW, INC.

Principal Place of Business	Mailing Address
2800 HARBORSIDE DR LONGBOAT KEY, FL 34228	2800 HARBORSIDE DR LONGBOAT KEY, FL 34228

2. Principal Place of Business	3. Mailing Address
4815 E. BUSCH BLVD	4815. E. BUSCH BLVD
Suite, Apt. #, etc. SUITE # 103	Suite, Apt. #, etc. STE, #103
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33617 County HILLSBOROUGH	Zip 33617 Country HILLSBOROUGH

X CHECK HERE IF MAKING CHANGES

4. FEI Number
02-06108 75
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANIGAN, DAVID C
10927 N 56 ST
TAMPA, FL 33617-3000

7. Name and Address of New Registered Agent

Name: MICHAEL FAYNE
Street Address (P.O. Box Number is Not Acceptable): 4815 E. BUSCH BLVD # 103
City: TAMPA FL Zip Code: 33617

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: Michael D. Fayne 4-8-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAYNE, MICHAEL 2800 HARBORSIDE DR LONGBOAT KEY, FL 34228	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Michael D. Fayne 4-8-03 813 899 2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #