FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000065247

1. Entity Name
FLORIDA GOLF SERVICES UNLIMITED, INC.

Principal Place of Business
102 N. FFA RD.
FORT PIERCE, FL 34945

Mailing Address
102 N. FFA RD.
FORT PIERCE, FL 34945

DO NOT WRITE IN THIS SPACE

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
05-0525477
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139

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9. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (CTC Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $350.00

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

100000150623
05/04/04-80014-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YARBOROUGH, LARRY W
STREET ADDRESS	102 N FFA RD.
CITY-ST-ZIP	FORT PIERCE, FL 34954
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4-30-04 Date 772-201-2793 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AUTHORIZED OFFICER OR DIRECTOR