

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90205 046 ***158.75

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

DOCUMENT # P02000065247			
1. Entity Name FLORIDA GOLF SERVICES UNLIMITED, INC.			
Principal Place of Business 174 SOUTH WEST PEACH STREET GEORGETOWN, SC 29440		Mailing Address 174 SOUTH WEST PEACH STREET GEORGETOWN, SC 29440	
2. Principal Place of Business 102 N FFA RD Suite, Apt. #, etc.		3. Mailing Address 102 N FFA RD Suite, Apt. #, etc.	
City & State FT PIERCE, FL Zip 34945 Country ST LUCIE		City & State FT PIERCE, FL Zip 34945 Country ST LUCIE	
4. FEI Number 050525477		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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 registering) DATE _____			
FILE NOW!!! FEES \$150.00 After May 1, 2003 Fee will be \$650.00 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 YARBOROUGH, LARRY W 474 SOUTH WEST PEACH STREET PORT ST. LUCIE, FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	102 N FFA RD ☒ Change ☐ Addition FT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	102 N FFA RD FT. PIERCE, FL 34945 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Kang Welfer		Date: 4/30/03 Daytime Phone #: 772-489-2227	

CR2E034 (10/02)