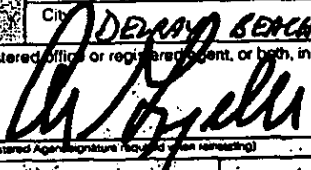
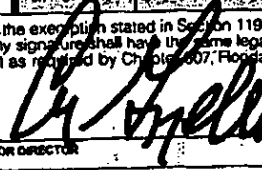


FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90142 023 ***150.00

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

DOCUMENT # <u>P02000109715</u> <u>(L)</u>			
1. Entity Name <u>BIMINI WATER SPORTS, INC</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>960 KOKOMO KEY LANE</u> Suite, Apt. #, etc.		3. Mailing Address <u>960 KOKOMO KEY LANE</u> Suite, Apt. #, etc.	
City & State <u>DELMAR BEACH FL</u>		City & State <u>DELMAR BEACH FL</u>	
Zip <u>33483</u>		Country <u>USA</u>	
4. FBI Number <u>13-4211981</u>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name <u>CHRISTOPHER C. GUZZELLI</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>960 KOKOMO KEY LANE</u>			
City <u>DELMAR BEACH</u> FL Zip Code <u>33483</u>			
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 <u>CHRISTOPHER C. GUZZELLI</u>  <u>4/28/2003</u> Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent Signature Required when requesting)			
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$330.00 Amended UBR is \$61.25 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<u>PD</u> <u>CHRISTOPHER C. GUZZELLI</u> <u>960 KOKOMO KEY LANE</u> <u>DELMAR BEACH FL 33483</u>		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>CHRISTOPHER C. GUZZELLI</u>  <u>4/28/2003</u> <u>81-445-5505</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E0348 (12/02)