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Jun 16, 2003 8:00 am
Secretary of State
06-16-2003 90142 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000109715 (L)

1. Entity Name

BIMINI WATER SPORTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
960 KOKOMO KEY LANE	960 KOKOMO KEY LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH FL	City & State: DELRAY BEACH FL
Zip: 33483 Country: USA	Zip: 33483 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4211981 ☐ 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: CHRISTOPHER C. GUAZZELLI

Street Address (P.O. Box Number is Not Acceptable): 960 KOKOMO KEY LANE

City: DELRAY BEACH FL Zip Code: 33483

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: CHRISTOPHER C. GUAZZELLI 4/28/2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
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	PD
NAME	CHRISTOPHER C. GUAZZELLI
STREET ADDRESS	960 KOKOMO KEY LANE
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER C. GUAZZELLI 4/28/2003 561-445-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #