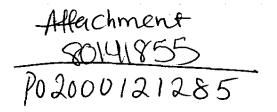
FILED

## 2003 FOR PROFIT CORPORATION

Aug 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT P02000121285 DOCUMENT # 08-28-2003 90070 046 \*\*\*150.00 1. Entity Name BAJO' MERMAID TAILS, INC. Principal Place of Business Mailing Address 1473 BRIGADIER DRIVE -1473 BRIGADIER DRIVE SPRING HILL FL 94609 SPRING HILL FL 34608 2. Principal Place of Business 3. Mailing Address 1473 BrigADigo DZ 11186 SpringHill Drz Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 7 Fair 121 City & State Applied For City & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired -60 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUCKIE, CHARLIE JR. Street Address (P.O. Box Number is Not Accept 11/86 5 PRING HIL 105 NORTAL MAIN STREET BROOKSVILLE FL 34601 SPRING HILL 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. 44. L.WYNNS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition Delete ☐ Change NAME NAME Barbara L. WYENS 7305 TROPICAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP radi walher FI 34407 TITLE Delete TITLE Change ☐ Addition NAME NAME sa soldadise elhi STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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:



August 19,2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tal-lahassee, FL. 32302-1500

## Gentlemen:

We are writing to request that the \$400 penalty be abated. Our registered agent failed to notify us of the filing requirement for the Uniform Business Report. The report was not received in time to meet the filing deadline.

We have replaced the registered agent with an officer of the corporation. We have also changed the mailing address of the corporation.

Enclosed is a check for \$150 in payment of the annual fee along with the completed UBR for 2003.

Thank you.

Sincerely yours,

Barbara L. Wynns President BaJo' Mermaid Tails, Inc.