2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P9300001131 PELAGIC SAILBOAT, INC. 4-24-2001 90342 009 ***150.00 Principal Place of Business Mailing Address 8912 EAGLE WATCH DRIVE 8912 EAGLE WATCH DRIVE 141014 RIVERVIEW FL 33569 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0379032 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILEY, WILLIAM B ESQ. Street Address (P.O. Box Number is Not Acceptable) 215 SOUTH MONROE STREET SUITE 600 TALLAHASSEE FL 32301 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Addition CR2E034 (10/00 HOFELE, EDWARD C NAME STREET ADDRESS STREET ADDRESS 8912 EAGLE WATCH DRIVE CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 TITI F ☐ Delete TITLE ☐ Change ☐ Addition CORKELL, PATRICK R STREET ADDRESS 8912 EAGLE WATCH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVERVIEW FL 33569** TITLE STD ☐ Delete ☐ Change Addition SOPER, HORT STREET ADDRESS STREET ADDRESS 8912 EAGLE WATCH DRIVE CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 TITLE ☐ Delete Change ☐ Addition 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like en

SIGNATURE:

Edward C. Hoefle 4/19/01 813/677-9481 SIGNATURE AND TYPED OR PRINTED NAME OF SI