2001 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am Secretary of State DOCUMENT # P93000002819 1. Entity Name Y-NOT YACHTING CORPORATION 05-04-2001 90024 027 ***150.00 Mailing Address Principal Place of Business P.O. BOX 14624 9509 KINGSTON DR. **BRADENTON FL 34280 BRADENTON FL 34280** 300 2. Principal Place of Business 3. Mailing Address 15TH AVE NOW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0371328 Not Applicable BRADENTON Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 34209 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLOCKS, CHERI M Street Address (P.O. Box Number is Not Acceptable) 9509-KINGSTON-DRIVE-BRADENTON FL 34280 BRADENTON 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change Addition ☐ Delete TITLE TITLE NEAL, JUNE C NAME NAME 548 BOWSER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROCKDALE TX 76567** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE JACKSON, GRACE R NAME NAME 15375 BLACKFIELD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MOJAVE CA** CITY-ST-ZIP Change Addition PSD ☐ Delete TITLE WILLOCKS, CHERI M NAME 7412 15TH AVE N.W STREET ADDRESS 9509 KINGSTON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Addition ☐ Delete Change TITLE

13. I hereby certify that the information supplied with this filling 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 of the application of the receiver of the corporation 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 of the corporation of the cor

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CHERT M- WILLOCKS 9

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