2001 UNIFORM BUSINESS REPORT (UBR)

May 24, 2001 8:00 am Secretary of State DOCUMENT # P9300064759 1. Entity Name 05-24-2001 90503 048 ***150.00 **BLUE SKY GOLF CORPORATION** Principal Place of Business Mailing Address 3102 CORONET RD 3102 CORONET RD PLANT CITY FL 33566 PLANT: CITY FL 33566 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 59-3200818 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 FULLER, WILLIAM J III Street Address (P.O. Box Number is Not Acceptable) 1530 CROSS ST SARASOTA FL 34236 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 Signature, typod or printed name of registered agent and trie if applicable, (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20(1 Fee will be \$550,00Trust 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 Deiete BTLE Addition CR2E034 (10/00) NAME FALTER, JOHN C NAME STREET ADDRESS 6525 BAYOU HAMMOCK STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL CITY-ST-ZIP THILE Change TITLE Delete Addition NAME FALTER, RICHARD L NAME STREET ADDRESS STREET ADDRESS 2410 HARBOURSIDE DR, UNIT 151 CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL TIFLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change M Addition Defete HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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 empowered changed, or on an attach. SIGNATURE:

FILED