2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 21, 2000 8:00 am Secretary of State DOCUMENT # P94000017039 1. Entity Name **GOLF & WATER ENTERPRISES, INC.** 04-21-2000 90116 010 ***150.00 Principal Place of Business Mailing Address 4979 TAMIAMI TRAIL E 985 N COLLIER BLVD MARCO ISLAND FL 34145-2773 NAPLES FL 34113 US 2. Principal Place of Business . 3. Mailing Address ... 091 TAMIAMI TRAIL E DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number ity & State City & State 65-0473592 Not Applicable Country POLLIER 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 WEBSTER, RONALD S Street Address (P.O. Box Number is Not Acceptable) 985 N COLLIER BLVD MARCO ISLAND FL 33937 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 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition ☐ Delete TITLE GARDINER, JOHN H NAME NAME 4776 CERROMAR BR NAPLES. EL. 34112 STREET ADDRESS 8861 LELY ISLAND CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34113 ∠ Change ☐ Addition ☐ Delete TITLE TITLE GARDINER, SUSAN B NAME NAME 4776 CERROMAR PR 8861 LELY ISLAND CIR STREET ADDRESS STREET ADDRESS NAPRET FL. 34112 CITY - ST - ZIP NAPLES FL 34113 CITY-ST-ZIP Change ☐ Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE 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)(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 of 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

SIGNATURE: