2003 FOR PROFIT CORPORATION

Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P94000026837 **DOCUMENT #** 1. Entity Name 04-21-2003 90464 010 ***150.00 MANATEE WORLD, INC. Principal Place of Business Mailing Address 5605 PALM BEACH BLVD 5605 PALM BEACH BLVD FT MYERS FL 33905 FT MYERS FL 33905 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 65-0494912 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TINDER, DAVID L Street Address (P.O. Box Number is Not Acceptable) 21970 N RIVER RD ALVA FL 33920 City Zip Code 8. The above named entity submits this state item 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 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 11. PD TITLE ☐ Change Addition TITLS ... Delete TINDER, DAVID L NAME NAME 21970 N RIVER RD STREET ADDRESS STREET ADDRESS ALVA FL 33920 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE RUEDI, DIETER NAME NAME STREET ADDRESS PO BOX 191 STREET ADDRESS ALVA FL 33920 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE POYNTER, TOM NAME NAME STREET ADDRESS STREET ADDRESS 2331 QUEEN ANNE AVENUE CITY-ST-ZIP FORT MYERS FL 33905 CITY-ST-ZIP Change Addition Delete TITLE TITLE Judy L. Murphy Club Blvd. POYNTER, LARIL NAME NAME 2331 QUEEN ANNE AVENUE STREET ADDRESS STREET ADDRESS Fort Myers, F1.33905 CITY-ST-ZIP FORT MYERS FL 33905 CiTY-ST-7IP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or rustee emptwelled to does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director expected 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CIUUU ULES

☐ Delete

239-694-4042

Change

☐ Addition

FILED