2001 UNIFORM BUSINESS REPORT (UBR)

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Apr 28, 2001 8:00 am Secretary of State DOCUMENT # **P94000028440 B&J'S PONTOON RENTALS, INC.** 04-28-2001 90080 027 ***150.00 Principal Place of Business Mailing Address 101-B WEST MIRACLE STRIP PARKWAY 101-B WEST MIRACLE STRIP PARKWAY DAAAAAA MARY ESTHER FL 32569 MARY ESTHER FL 32569 2. Principal Place of Business 3. Mailing Address about Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3237284 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODALL, JACQUE J Street Address (P.O. Box Number is 101-B WEST MIRACLE STRIP PARKWAY MARY ESTHER FL 32569 Zip Code City 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 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE Change TITLE ☐ Delete NAME NAME WOODALL, JACQUE J STREET ADDRESS STREET ADDRESS 701 ESSEX RD. CITY-ST-ZIP CITY-ST-7IP FT. WALTON BEACH FL 32547 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME WALTER, JIMMY D. STREET ADDRESS STREET ADDRESS 701 ESSEX ROAD CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS C1TY-ST-ZIP ČITY - 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 in Block 12

hapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if