

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90018 016 ***150.00

DOCUMENT # P94000049938

1. Entity Name
LAST PERFECT WAVE, INC.



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business 1799 MIZELL AVE WINTER PARK FL 32789 | Mailing Address P.O. BOX 1197 WINTER PARK FL 32790-1197 US |
|--|---|

| | |
|---|---------------------|
| 2. Principal Place of Business 1199 WASHINGTON AVE. | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---|--------------|
| City & State WINTER PARK, FLA | City & State |
|---|--------------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3266054 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|---------------------|-----------------------|-----|---------|
| Zip 32789 | Country USA | Zip | Country |
|---------------------|-----------------------|-----|---------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COLEMAN, S. RAY
1799 MIZELL AVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name **TOM NOWICKI**
 Street Address (P.O. Box Number is Not Acceptable)
1199 WASHINGTON AVE
 City **WINTER PARK** FL **32789**

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]* **TOM NOWICKI** DATE **4/25/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NOWICKI, TOM 280 W CANTON AVE SUITE 105 WINTER PARK FL 32789 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD TANKERSLEY, JOSEPH 280 W CANTON AVE SUITE 105 WINTER PARK FL 32789 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD COLEMAN, S. RAY 280 W CANTON AVE SUITE 105 WINTER PARK FL 32789 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DATE **4/25/2000** DAYTIME PHONE # **407-628-1476**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)