2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 04, 2001 8:00 am Secretary of State DOCUMENT # P94000049938 LAST PERFECT WAVE, INC. 05-04-2001 90008 026 ***150.00 Mailing Address Principal Place of Business P.O. BOX 1197 HISS WASHINGTON AVE WINTER PARK-FL 02789 WINTER PARK FL 32790 2. Principal Place of Business 3. Mailing Address P.O. Box Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3266054 Not Applicable 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 Name NOWICKI, TOM Street Address (P.O. Box Number is Not Acceptable) 1199 WASHINGTON AVE WINTER PARK FL 32789 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. Change ☐ Addition TITLE PD ☐ Delete TITLE **NOWICKI, TOM** NAME NAME STREET ADDRESS STREET ADDRESS 280 W CANTON AVE SUITE 105 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change ☐ Addition TITLE VSD Delete NAME NAME TANKERSLEY, JOSEPH STREET ADDRESS STREET ADDRESS 280 W CANTON AVE SUITE 105 CITY-ST-ZIP WINTER PARK FL 32789 -- ☐ 'Change' --- ☐ 'Addition TITLÉ Dèlète TITLE NAME NAME COLEMAN, S. RAY STREET ADDRESS STREET ADDRESS 280 W CANTON AVE SUITE 105 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.