2003 FOR PROFIT CORPORATION

Mar 17, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P94000059750 DOCUMENT # 03-17-2003 90146 016 ***150.00 1. Entity Name SARASOTA CHARTERS, INC. Mailing Address Principal Place of Business 5631 SAWYER CIRCLE 5631 SAWYER CIRCLE SARASOTA FL 34233 SARASOTA FL 34233 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0512496 Not Applicable \$8.75 Additional Country_ 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MONDA, DAVID M Street Address (P.O. Box Number is Not Acceptable) 5631 SAWYER CIRCLE SARASOTA FL 34233 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing П After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change Addition TITLE ☐ Delete TITLE NAME MONDA, DAVID M NAME STREET ADDRESS 5631 SAWYER CIRCLE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 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 ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

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doep 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

12. I hereby certify that the information supplied with this illing indicated on this report or supplemental report is true and of the corporation or the receiver or trastee empowered to changed, or on an attachment with an addless, with allight

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