2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P95000087389 PRONAUTIC SPORTS & TRADING CORPORATION 03-05-2001 90077 031 ***150.00 Mailing Address Principal Place of Business P.O. BOX 500487 4681 OVERSEAS HIGHWAY MARATHON FL 33050 MARATHON FL 33050 471000 2. Principal Place of Business 3. Mailing Address 500487 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 65-0622091 Mara thon Not Applicable Mara ther \$8.75 Additional 5. Certificate of Status Desired Fee Required Monroe-USA 33050 Monroe-USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LERA, JOSE A Street Address (P.O. Box Number is Not Acceptable) **57740 MORTON STREET MARATHON FL 33050** Zip Code City FL 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 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 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. ☐ Addition DPS ☐ Delete Change TITLE TITLE LERA, JOSE A NAME NAME STREET ADDRESS P.O. BOX 500487 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition. TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7/P 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 tell other like empowered.

SIGNATURE: