2000 UNIFORM BUSINESS REPORT (UBR)

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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # P95000093223 SUNSET KEY WATER SPORTS, INC. 04-19-2000 90006 046 ***150.00 Mailing Address Principal Place of Business 261 FRONT STREET 261 FRONT STREET KEY WEST FL 33040 KEY WEST FL 33040-8377 **UUFIFUUN** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0637859 Not Applicable Country 7in Country -\$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRASSI DENNIS GRASSI, DENNIS J Street Address (P.O. Box Number is Not Acceptable) 245 FRONT ST KEY WEST FL 33040 261 FRONT ST 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 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE GRASSI, DENNIS GRASSI, DENNIS J NAME NAME ZGI FRONT ST. STREET ADDRESS STREET ADDRESS 245 FRONT ST CITY-ST-ZIP KEY WEST. CITY-ST-ZIP **KEY WEST FL** Change Addition ☐ Delete TITLE TITI F VAWORSKI, GARRY YAWORSKI, GARY W NAME NAME 261 FRONT STREET ADDRESS STREET ADDRESS 245 FRONT ST CITY-ST-ZIP CITY-ST-ZIP **KEY WEST FL** Addition TITLE Change ☐ Delete -fiftE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 if