2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P96000014892 1. Entity Name YACHTMASTERS OF SARASOTA, INC. 04-13-2001 90092 022 ***150 00 Mailing Address Principal Place of Business 5795 SANOY POINTE DRIVE 5795 SANOY POINTE DRIVE SARASOTA FL 34233 SARASOTA FL 34233 US 00036429 1557 NE 1557 NE 3674 ST. 3. Mailing Address 2. Principal Place of Business 5795 Sandy Pointe Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. FT LAUDEROALE FT. LANDEROALE City & State Applied For 4. FEi Number 65-0644201 Not Applicable 3333 \$8.75 Additional 5. Certificate of Status Desired us Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JUNE, CHRISTOPHER G Street Address (P.O. Box Number is Not Acceptable) 5795-SANDY POINTE DRIVE 1557 NE 36 171 ST. SARASOTA FL 34233 LANDERDME FL 33334 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 NAME NAME JUNE, CHRISTOPHER 1557 NE 347H ST. STREET ADDRESS STREET ADDRESS 5795 SANDY POINTE DRIVE FT. LANDER PARE PL 33334 CITY-ST-ZIP CITY-ST-ZIP SAPASOTA FL 34233 Addition ☐ Delete TITLE TITI F NAME JUNE, SHANNON NAME 1557 NE 36 TH ST. STREET ADDRESS STREET ADDRESS 5795 SANDY POINTE DRIVE FT. LANDERDALE PL 33334 CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34233 Change Addition TITLE _ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TiTLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-0

941-923-7749

Daytime Phone #