## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # **P96000023560** 1. Entity Name WATERSPORTS CENTER. INC. 04-24-2001 90020 027 \*\*\*150.00 Principal Place of Business Mailing Address 607 FRONT ST P.O. BOX 4034 KEY WEST FL 33040 KEY WEST FL 33041 643924 2. Principal Piace of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0653687 Not Applicable Zio Country 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 FIELDS, DAVID K Street Address (P.O. Box Number is Not Acceptable) 9360 SUNSET DRIVE SUITE 287 **MIAMI FL 33172** 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, typed or or modiname of registered agent and title if applicable. (NOTE: Registered Agent's gnature required when roinstating) DATE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change []] Addition NAME WATERBURY, JOHN G NAME STREET ADDRESS P.O. BOX 4034 N/A STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP KEY WEST FL 33041 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 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE Change ncitibaA [ NAME NAM9 STREET ADDRESS STREET ADDRESS CITY - ST - ZiF CITY-ST-ZIP TITLE Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing coes 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 appears with all other like empowered.

Date

Daytime Phone #

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR