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2001 UNIFORM BUSINESS REPORT (UBR)

Jun 07, 2001 8:00 am DOCUMENT # P96000051934 **Secretary of State** 06-07-2001 90192 034 ***150.00 ADDICTIVE WATER SPORTS, INC. Principal Place of Business Mailing Address 6543 MORRELL CT 6543 MORRELL CT ZEPHYRHILLS FL 33544 ZEPHYRHILLS FL 33544 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3385769 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHESLEY, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 6543 MORRELL CT ZEPHYRHILLS FL 33544 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. (NOT Registered Agent's gnature required when reinstating) DATE 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 After MAY 1, 2()1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criter a on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE □ Delete TITLE CHESLEY, THOMAS A NAME NAME STREET ADDRESS 6543 MORRELL CT STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF ZEPHYRHILLS FL 33544 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE THEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND DIPED OR PRINTED NAME OF

of the corporation or the receiver or trustee empowered to execute this repochanged or on an attachment with an address with all other like empowere

13. I hereby certify that the information supplied with this filing does not qualify fir 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

Date Daytime Phone # Downert 196000051934 A0070837

To whom it may concern

We have been in the middle of moving unfortunally this form (Uniform Business report) was packed away in a box. I am sending it out as soon a I found it. I have enclosed a check for \$150.00 with it for the filing. If you have any futher questions, Please feel free to contact me at

Home 813-973-2741 Mobil 813-625-0831 Shop 813-247-3049

Sincerely

Bent ex. Cherles