2001 UNIFORM BUSINESS REPORT (UBR)

May 12, 2001 8:00 am Secretary of State DOCUMENT # P96000061643 HOLE IN THE WATER OF SOUTH FLORIDA, INC. 05-12-2001 90014 038 ***150.00 Principal Place of Business Mailing Address 2555 N.E. 11TH STREET 2555 N.E. 11TH STREET FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place 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 65-0773640 Not Applicable Zip 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 ~-MCVEIGH, EDWARD Street Address (P.O. Box Number is Not Acceptable) 2555 N.E. 11TH STREET FORT LAUDERDALE FL 33304 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MATHIS, DON NAME STREET ADDRESS 1200 NORTH ATLANTIC BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 TITLE DT TITLE Delete ☐ Change ☐ Addition NAME MCVEIGH, EDWARD NAME STREET ADDRESS STREET ADDRESS 2555 N.E. 11TH STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL TITLE-☐ Delete TITLE Change OSTERTAG, VESNA NAME NAME STREET ADDRESS 3003 TERRAMAR STREET, #1501 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition

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 oth

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR