

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 11, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90001 014 \*\*\*150.00

**DOCUMENT #P96000063416**

1. Entity Name

SURFER THING, INC. R

Principal Place of Business

Mailing Address

10272 Allamanda Blvd

SAME

Palm Beach Gardens, FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0682779

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporate Creations Enterprises, Inc.

4521 PGA Blvd

# 211

Palm Beach Gardens, FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so: ☐

(See criteria on back)

**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2000 Fee will be \$550.00****Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

ii. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PVBS

Kowalczyk Gregg A

# 10272 Allamanda Blvd.

Palm Beach Gardens, FL 33410

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition☐ Delete

TITLE

NAME

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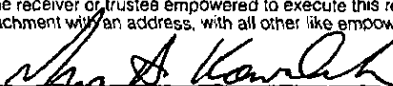
STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

CR2E034 (9/99)

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

3/24/00

Date

(561) 625-3027

Daytime Phone #