2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

May 11, 2001 8:00 am Secretary of State DOCUMENT # **P97000016410** JOHNCKE'S INTERNATIONAL GOLF, INC. 05-11-2001 90044 043 ***150.00 Principal Place of Business Mailing Address 616 6 LANE WEST PALM BEACH FL 33418 WEST PALM BEACH FL 33418 2. Principal Place of Business 3. Mailing Address 616 6th LANE 616 6th PLAA_ DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0728684 Palm Beach hardens, Fi Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33418 420 AZÜ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNCKE, PETER Street Address (P.O. Box Number is Not Acceptable) 616 6 LANE WEST PALM BEACH FL 33418 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 FILE NOW!!! FEE IS \$150.00 3. 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ■ Addition NAME JOHNCKE, PETER NAME STREET ADDRESS 616 6 LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33418 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition 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.