2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 02, 2002 8:00 am Secretary of State P97000094257 DOCUMENT # 1. Entity Name 05-02-2002 90079 016 ***150.00 WATERCRAFT WORLD, INC. Principal Place of Business Mailing Address 3181 N DIXIE HWY ყცციააია 3181 N DIXIE HWY POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 US 3. Mailing Address 2. Principal Place of Business TNFUDIA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 303 Applied For City & State City & State 4. FEI Number 65-0810702 Not Applicable NOTON Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANDRA LAMBERT, P.A. 370 WEST CAMINO GARDENS BLVD. SUITE 117 **BOCA RATON FL 33432** City telement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE d 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT CR2E034 (9/01) PSTD **Z** Delete Change ☐ Addition TITLE TITLE DAVIO EDERY EDERY, DANIEL NAME NAME 3181 NDIXIE HWY 3181 N DIXIE HWY STREET ADDRESS STREET ADDRESS 33064 POMPANO BEACH FL 33064 CITY-ST-7IP POMPANO BUY, FL CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nd does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this fi indicated on this report or supplemental report is tree. of the corporation or the receiver or trustee changed, or on an attachment with an add

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TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR