2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P98000002919 PERRY YACHT CONSULTANTS, INC. 02-01-2000 90108 039 ***150.00 Principal Place of Business Mailing Address 757 SE. 17 ST #290 757 SE. 17 ST STE 780 STE-900 STE-300 -FORT LAUDERDALE FL 33316-2960 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 151, SE 17 ST P.M.B 780; 757 SEI7th DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0806375 LANDERDALE PL TLAUDERDALE Not Applicable Country \$8.75 Additional Αکن USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRY, TONY Street Address (P.O. Box Number is Not Acceptable) 757 SE. 17 ST #780 -STE-300-FORT LAUDERDALE FL 33316 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00~~ 9. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE PERRY, TONY NAME NAME STREET ADDRESS STREET ADDRESS 757 SE. 17 ST #780 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete ☐ Change ☐ Addition TITLE TITLE PERRY, GILLIAN NAME NAME STREET ADDRESS 757 SE. 17 ST #780 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 accurage 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 10 in Block 10 if the corporation of the corporation

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: AUTHORY J. PERAM.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

NAME

STREET ADDRESS

26/00 Date

912-691-1627

Daytime Phone #