2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2000 8:00 am Secretary of State DOCUMENT # **P98000004296** 1. Entity Name MAKIN' WAVES IN PARADISE-PROPERTY MANAGEMENT, IN 05-22-2000 90007 023 ***150.00 Principal Place of Business Mailing Address 706 DONAX STREET 706 DONAX STREET SANIBEL FL 33957 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0811228 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required7.. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HICKEY, MARY Street Address (P.O. Box Number is Not Acceptable) 706 DONAX STREET SANIBEL FL 33957 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** DATE 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 intangib, 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE HICKEY, MARY NAME NAME 706 DONAX STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

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.