2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 16, 2000 8:00 am Secretary of State DOCUMENT # P98000004997 GREAT GETAWAY VENTURES, INC. 03-16-2000 90087 019 ***150.00 Mailing Address Principal Place of Business 5726 CORTEZ RD W. STE 338 5726 CORTEZ RD W. STE 338 **BRADENTON FL 34210-2701** BRADENTON FL 34210 MUDDEDON 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0806425 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOMELDORPH, HOWARD R Street Address (P.O. Box Number is Not Acceptable) 6489 PARKLAND DR LOCKWOOD Ridge Road SARASOTA FL 34243 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named en Howard F- When Idorph Tr. (NOTE: Registered Agent signature required when reinstating) SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its 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 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 TITLE Delete TITLE MARQUIS STEVEN C. MARQUIS, ROGER A NAME NAME 4550 47th STW APT 305 5726 CORTEZ RD W. STE 338 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34210 CITY-ST-ZIP BRADENTAN FL 34210 Change Addition Delete TITLE MARQUIS MARION T. 1912 38# ST W. OWEN, ALEXANDRA P NAME NAME STREET ADDRESS 5726 CORTEZ RD W. STE 338 STREET ADDRESS BRADENTON, FL **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Defete 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 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 intrue 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 expowered its 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.

STEVEN C MARQUIS