2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # P98000020679 PARADISE GOLF SCHOOLS, INC. 01-29-2000 90026 016 ***150.00 Principal Place of Business Mailing Address 571 S. COLLIER BLVD. PO BOX 2452 MARCO ISLAND FL 34146-2452 2ND FI MARCO ISLAND FL 34146 Mailing Address 2. Principal Place of Business ٥ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3565951 Not Applicable MARCO \$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 BRUNER ESQ EMERSON STONIER, RHONDA G Street Address (P.O. Box Number is Not Acceptable) 571 S. COLLIER BLVD. 2ND FL. MARCO ISLAND FL 34145 34145 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 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, 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 11. Change DIRECTOR Delete TITLE ☐ Addition TITLE STONIER, RHONDA G NAME NAME cott moser PO BOX 1853 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34146 CITY-ST-ZIP □ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **然仁所,不真所有。以此粮** SECTION RESE Change Addition ☐ Delete TITLE TITLE 对自己的"好的相次"与 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOSER

-22-00

941-344-58=

Daytime Phone #