2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Feb 05, 2001 8:00 am DOCUMENT # **P98000023206 Secretary of State** SURFGURU, INC. 02-05-2001 90080 002 ***150.00 Principal Place of Business Mailing Address 255 IBIS DR 5955 S. HWY A1A MELBOURNE FL 32951 MELBOURNE FL 32951 710799 2. Principal Place of Business 3. Mailing Address 3830 HWY AIA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PMB C-3 City & State Applied For 4. FEI Number 59-3539832 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCINARNAY, ARLENE S Street Address (P.O. Box Number is Not Acceptable) 255 IBIS DR **MELBOURNE FL 32951** City 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 (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change Addition TITLE NAME MAX, LACY NAME STREET ADDRESS STREET ADDRESS 5955 SOUTH A1A CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MCINARNAY, ARLENE S NAME STREET ADDRESS STREET ADDRESS 255 IBIS AVE CITY-ST-7IP CITY-ST-ZIP MELBOURNE BEACH FL 32951 😅 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ■ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Arlene S. M'Inarray