2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State DOCUMENT # P98000023206 1. Entity Name 05-21-2002 91152 007 ***150 00 SURFGURU, INC. Mailing Address Principal Place of Business 3830 HWY AIR 5955 S. HWY A1A PMB C-3 #125 MELBOURNE FL 32951 MELBOURNE FL 32951 3. Mailing Address 2. Principal Place of Business 1050 MONTEGO BAY DR N DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3539832 Not Applicable Merritt Country \$8.75 Additional Zip 5. Certificate of Status Desired USA Fee Required 32953:3152 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .. CARNEY DANIEL MCINARNAY, ARLENE S Street Address (P.O. Box Number is Not Acceptable) 255 IBIS DR **MELBOURNE FL 32951** Zip Code MERRITT <u>32953:3152</u> 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 , typed or printed name of registered agent an 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 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CHIEF OPERATING OFFICER ☐ Change Delete TITI F TITLE NAME CARNEY, DANIEL L. 1050 MONJEG BAY DR. N NAME MAX, LACY STREET ADDRESS STREET ADDRESS 5955 SOUTH A1A CITY-ST-ZIP FL 32953-3152 CITY-ST-ZIP **MELBOURNE BEACH FL 32951** Addition Delete TITLE ☐ Change NAME NAME MCINARNAY, ARLENE S STREET ADDRESS STREET ADDRESS 255 IBIS AVE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Change ☐ Addition ☐ Delete TITLE TÍTLE 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-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR