2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90132 046 ***150.00

DOCUMENT # P98000027034

1. Entity Name
WATER BOY SPORTS, INC.

Principal Place of Business	Mailing Address
540 N. STAT RD 454 STE 17 ALTAMONTE SPRINGS FL 32714	P.O. BOX 916287 LONGWOOD FL 32791-6287

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1717 Minnesota Ave	1717 Minnesota Ave
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.: C
City & State: Winter PARK Florida	City & State: Winter PARK, Florida
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. FEI Number 59-3515259 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, JACK C 728 SEMINOLE AVENUE ORLANDO FL 32804	Name: Anthony M. Bellflower Street Address (P.O. Box Number is Not Acceptable): 730 Seminole Ave City: Orlando **FL** Zip Code: 32804

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 JACK Brown (Signature, typed or printed name of registered agent and title if applicable) [signature] (NOTE: Registered Agent signature required when reinstating) 4-24-2000 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** *May Be Added to Fees*

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SDVT	☐ Delete	TITLE	Vice President	☐ Change ☑ Addition
NAME	BROWN, JACK C		NAME	Anthony M. Bellflower	
STREET ADDRESS	P.O. BOX 916287		STREET ADDRESS	730 Seminole Ave	
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP	Orlando, FL. 32804	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BROWN, JACK C		NAME		
STREET ADDRESS	P.O. BOX 916287		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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.

SIGNATURE: [signature] REQUIRED 4-24-2000 407 865-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #