FILED May 05, 2003 8:00 am §

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nar GOLF PR	ne	# P980 0 ANCE, INC.	0003	7477				05-05-2003 91452 00			
Principal Place of Business 108 CARLISLE DR. MIAMI FL 33166				Mailing Address 108 CARLISLE DR. MIAMI FL 33166					11414 I nd el 0 1616 I	8811 1 39 1 1 32 1	
2. Principal f		_		ling Address							
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat		CA	City	City & State				4. FEI Number 65-0834356 Applied For Not Applicable			
zip A 2 S	92201 Country USA				itry	5.	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 Name					
JENKINS, JASON						Street Address (P.O. Box Number is Not Acceptable)					
108 CARUSLE DR						Sireet Addres	ss (P.U. B				
MIAMI SPRINGS FL 33166						City			7:- 0		
: 8. The above named entity submits this statement for the purpose of changing its register						City					
the obligat	e named entit tions of regist		tar the purp	ose of changing its	s register	ea onice or regis	stered ag	jent, or both, in the State of Florida. I am	iamiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if app	licable. (NOT	E: Registere	d Agent signature requ	uired when re	einstating) DATE			
Afte	r May 1, 200	II FEE IS \$150.00 D3 Fee will be \$550.00 D5 Florida Department		-				Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10. OFFICERS AND DIRECTORS							AC	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, 108 CARL MIAMI FL	ISLE DR.		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENKINS, 108 CARL MIAMI SPI					J			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	- 1		*****		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ſ		·	☐ Change	Addition	
12. I hereby of indicated of the corchanged.	certify that the on this repor poration or the or on an atta	e information supplied wi it or supplemental report ne receiver or trustee em achment will an address	th this filing is true and a powered to with all oth	does not qualify fo accurate and that r execute this report ey like empowered	r the exer ny signat as requir	mption stated in ure shall have the ed by Chapter 6	Section ne same I 507, Florid	119.07(3)(i), Florida Statutes. I further cer legal effect as if made under oath; that i da Statutes; and that my name appears i	tify that the in im an officer n Block 10 or	nformation or director Block 11 if	

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR