## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # P98000045537 1. Entity Name POWER SHIFT GOLF, INC. 05-15-2000 90153 022 \*\*\*150.00 Principal Place of Business Mailing Address 13127 ROYAL GEORGE AVE 13127 ROYAL GEORGE AVE ODESSA FL 33556-5720 ODESSA FL 33556 บร 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3537326 Not Applicable Zip Country Zip Country \$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 Name TORBA, JAMES M Street Address (P.O. Box Number is Not Acceptable) 13127 ROYAL GEORGE AVE ODESSA FL 33556 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ম (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PTD ☐ Change Addition TITLE TITLE Delete TORBA, JAMES M NAME NAME 13127 ROYAL GEORGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP VSD ☐ Change ☐ Addition TITLE ☐ Delete TITLE TORBA, KATRINA NAME NAME 13127 ROYAL GEORGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ODESSA FL 33556 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IE

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

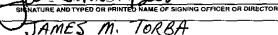
SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



Daytime Phone #

Date

☐ Change

☐ Addition