FROM : INTER*ACT/TRIAD FAX NO. : 5616249312

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State
09-14-2001 90026 023 ***550.00

DOCUMENT # **P98000051275**

1. Entity Name
EBBTIDE ASSOCIATES, INC.

C0077028

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
53 MONTEREY PT. DR.	53 MONTEREY PT. DR.
PALM BCH GARDENS FL 33418	PALM BCH GARDENS FL 33418

2. Principal Place of Business	3. Mailing Address
750 OCEAN ROYALE WAY	750 OCEAN ROYALE WAY
Suite, Apt. #, etc. N 303	Suite, Apt. #, etc. N-303
City & State JUNO BEACH FL	City & State JUNO BEACH FL
Zip 33408 Country	Zip 33408 Country

4. FEI Number 65-0872101 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GALLAGHER, MARYROSE
53 MONTEREY PT. DR.
PALM BCH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name GALLAGHER, MARY ROSE
Street Address (P.O. Box Number is Not Acceptable) 750 OCEAN ROYALE WAY - N-303
City JUNO BEACH FL Zip Code 33408

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 M. Gallagher
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GALLAGHER, MARY ROSE 53 MONTEREY POINT DRIVE PALM BEACH GARDENS FL 33418 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GALLAGHER, MARY ROSE 750 OCEAN ROYALE WAY, N-303 JUNO BEACH, FL 33408 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: M. Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Received Sep-05-2001 10:53am From-5616249312 To-BURKE,GRBELA,SYMEONI Page 001