2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 12, 2002 8:00 am Secretary of State DOCUMENT # P98000087588 1. Entity Name 03-12-2002 90025 026 ***158.75 HIDEAWAY YACHT GROUP, INC. Mailing Address Principal Place of Business C/O JUPITER LAW CENTER C/O JUPITER LAW CENTER 6390 INDIANTOWN ROAD. SUITE 30 6390 INDIANTOWN ROAD, SUITE 30 JUPITER FL 33458 JUPITER FL 33458 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-1002439 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 GUMSON, ADAM S Street Address (P.O. Box Number is Not Acceptable) C/O JUPITER LAW CENTER 6390 INDIANTOWN ROAD, SUITE 30 JUPITER FL 33458 Zip Code City 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 Signature, typed or printed name of registered agent and 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition Change ☐ Delete TITLE TITLE D NAME NAME GAUDREAU, PIERRE STREET ADDRESS STREET ADDRESS 750 S. FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE □ Delete NAME - -- -NAME- --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustife 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 kiep empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(954) 943 - 3200