FIRST AMENDED

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC -3 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009313995
12/03/02--01037--006 **61.25

DOCUMENT # P98000087588

1. Entity Name

SUNSEEKER FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
750 S. Federal Highway	750 S. Federal Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, Florida	City & State: Pompano Beach, Florida
Zip: 33062 Country: USA	Zip: 33062 Country: USA

4. FEI Number: 65-1002439 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: W. Michael Brinkley, Esq.

Street Address (P.O. Box Number is Not Acceptable): 200 E. Las Olas Boulevard, Suite 1900

City: Fort Lauderdale FL Zip Code: 33301

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: W Michael Brinkley
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

November 14, 2002
DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Mark Hatchard
STREET ADDRESS	750 S. Federal Highway
CITY-ST-ZIP	~~Pompano Beach, FL 33062~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director
NAME	Sean Robertson
STREET ADDRESS	750 S. Federal Highway
CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	Director
NAME	Robert Fackrell
STREET ADDRESS	750 S. Federal Highway
CITY-ST-ZIP	~~Pompano Beach, FL 33062~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Mark Hatchard 11/27/02 954-786-1866

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

of 12/6