2003 FOR PROFIT CORPORATION

Sep 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P98000106484 DOCUMENT # -08-18-2003 90168 050 ***150.00 1. Entity Name CLASSIC KOOL DECKS, INC. Mailing Address Principal Place of Business 55055419 373 OSOWAW BLVD. 373 OSOWAW BLVD. SPRING HILL FL 34607 SPRING HILL FL 34807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3570984 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMMONS, VICTOR Street Address (P.O. Box Number is Not Acceptable) 373 OSOWAW BLVD. SPRING HILL FL 34607 . 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ■ Addition TITLE ☐ Delete TITLE ☐ Change **AMMONS, VICTOR** NAME NAME CR2E034 373 OSOWAW BLVD. STREET ADDRESS STREET ADDRESS Spring Hill Fl 34607 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

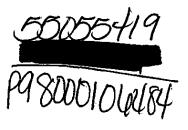
CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

- attachment



Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Victor Ammons
373 Osowaw Blvd
Spring Hill, FL 34607

Dear Sir/Madam,

I am distressed to see that my Uniform Business Report is now \$550.00. I called my accountant to see why the fee had increased substantially and was informed by him that I must not have replied to the first notice, which had the fee of \$150.00.

I did not receive any prior notices of this year 2003 Uniform Business Report. The corporation mail arrives at my residence, which is on an isolated road, so I may have had my mail tampered with. In any case, no prior report arrived.

I am enclosing a check for \$150.00, which I would like you to accept, and treat this filing as the first notice timely filed. I think this would be a fair thing to do, since I was unaware that I owed any money and would have gladly paid the amount due.

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Thank you for your cooperation.