2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 16, 2002 8:00 am § Secretary of State DOCUMENT # P99000001961 1. Entity Name 05-16-2002 90031 006 ***150.00 STRIKER YACHT BROKERAGE INTERNATIONAL CORP. Principal Place of Business Mailing Address 1515 S.E. 17TH ST. 1515 S.E. 17TH ST. **STE. A131** STE. A131 B0104494 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0886833= Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ENNIS. EDWARD E SK JK Street Address (P.O. Box Number is Not Acceptable) 1515 SE 17TH **STE A131** IN BIOCK II. FORT LAUDERDALE FL 33316 Zip Code City 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11.9 ☐ Change ☐ Addition TITLE D Delete TITLE NAME NAME LAMARR, JACK 2601 EAST OAKLAND PARK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME ENNIS, EDWARD JR. STREET ADDRESS STREET ADDRESS 5131 RAEFORD CITY-ST-ZIP CITY_ST-ZIP **FAYETTEVILLE NC 28304** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME > 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TOTALE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🔲 'Deléte' 🖼 ☐ Change ` Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 and 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.

Edward

FILED