2000 UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # P9900024186  1. Entity Name  SARASOTA BEACH BOPPERS, INC.					FILED Feb 29, 2000 8:00 am Secretary of State	
Principal Place	of Business	<del> </del>	Mailing Address			02-29-2000 90149 024 ***158.75
Principal Place of Business Mailing Address  2515 BAYSHORE GARDENS PARKWAY. #16  2515 BAYSHORE GARDENS PARKWAY. #16						
BRADENTON FL 34207  BRADENTON FL 34207-4461						<b>500.</b>
2 Principal Pla	on of Busin	000	3 Mailing Address			
2. Principal Place of Business 4681 GLEBE FARM RD.			3. Mailing Address LEBE FARM RU.			.
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE
City & State SACCASOTA, FL		SIARUASOTA, FL			4. FEI Number 0900 (8 ( Applied For Not Applicable	
Zip 342	235	SALKASOTA	<sup>zip</sup> 34235	SAVEASO	TA	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name	and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent
OWARTZ OFOROE					EORGE OWEN SWARTZ-	
2515 BAYSHORE GARDENS PARKWAY, #16  BRADENTON FL/34207					Address (	BO BOCKMER RACOPIARM RD.
				City		45074 FL 234235
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 PRESIDENT 2/12/00 Signature, typed or printed tame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)						
9. This corpora	ation is eligi	ble to satisfy its Intangible	i i	!!! FEE IS \$150		10. Election Campaign Financing \$5.00 May Be
Tax filing red (See criteria		nd elects to do so.	After MAY 1, 20 Make Check Payab	00 Fee will be \$ de to Departmer		Trust Fund Contribution. Added to Fees
11.		OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE			☐ Delete	TITLE NAME	1 50	RESIDENT TREASUREL Change Addition
NAME STREET ADDRESS				STREET ADDRESS	ָט'	COTCLES HAUN KU
CITY-ST-ZIP				CITY-ST-ZIP	<u> </u>	SALASOTA, FL 34235
TITLE NAME			L_ Delete	TITLE NAME	VIC L	E PRESIDENT/ SECRETARY   Change   Addition IN ON C. SUARIS RA 681 GLEBE FARM RA ARASOTA, FL 34235
STREET ADDRESS				STREET ADDRESS	46	BI GLEBE FARM RD
CITY-ST-ZIP				CITY-ST-ZIP	5	ARASOFA, PC 3423
TITLE Name			☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS				STREET ADDRESS	1	
CITY-ST-ZIP				CITY-ST-ZIP	+	☐ Change ☐ Addition
TITLE NAME			☐ Delete	TITLE NAME		C ollarige C naulioi
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP TITLE				CITY-ST-ZIP	<u> </u>	☐ Change ☐ Addition
NAMÉ			L Delete	NAME		_ Change Australia
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP		
TITLE				TITLE	<u> </u>	☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS CITY-ST-ZIP		Λ		STREET ADDRESS CITY-ST-ZIP		
13. I hereby certify that the information supplied with this filing closs 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 abcurate 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OR PURE OR DIRECTOR 2/(2/00 941-379-4357						