| 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #P9900024580 1. Entity Name | | | | FILED Apr 28, 2000 8:00 am Secretary of State | |
|---|--|--|--|--|--------------------------------|
| SEA | ISLAND HO | DINGS | INC. | 04-28-2000 90024 | 020 ***150.00 |
| Principal Plac | ce of Business | Mailing Address | .) | | |
| TLA | udatdale FL | | lerdale, Fl | • 1 | |
| 3331 | · | 33311 | | 647476 | ; |
| | Place of Business | 3. Mailing Address | - <u> </u> | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SP. | ACE |
| City & Stat | te | City & State | | 4. FEI Number 65-0929374 | Applied For Not Applicable |
| Zip | Country | Zip | Country | 5 Certificate of Status Desired 5 | 8.75 Additional |
| | 6. Name and Address of Current Re | gistered Agent | | 7. Name and Address of New Registered Ag | ee Required |
| | | | Name | | |
| DENISE EM CAMPbell 1737 NW 18th ST. | | | Street Addres | s (P.O. Box Number is Not Acceptable) | |
| | - LAUdaldale | • | | | |
| | . 33311 | | City | FL | Zip Code |
| | | ne purpose of changing It | s reaistered office or reais | tered agent, or both, in the State of Florida. | |
| - | requirement and elects to do so. ria on back) OFFICERS AND DI | Make Check Paya | 000 Fee will be \$550.00 ble to Department of S | AND THE PROPERTY OF THE CONTRIBUTION OF THE CO | \$5!00 May Be Added to Fees |
| TITLE | PRESIDENT | Defete | TITLE | | Change Addition |
| name Street address City-St-Zip | Denisz Campbell 1737 NW 187 STREET FT LAUdoudale FL. 3 | | NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE | VICE PARSIDENT, MAN | | TITLE | | Change Addition |
| NAME STREET ADDRESS | KARL Phillips STREET | | NAME STREET ADDRESS | | |
| CITY-ST-ZIP | PT LAUderdale FL. 5 | | CITY-ST-ZIP | | Change Addition |
| title Name | | ☐ Delete | TITLE NAME | L | |
| strect a ddhess - City-St-Zip | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | [| Change Addition |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | · | • |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| title Name | | Delete | TITLE NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | Delete | CITY-ST-ZIP TITLE | | Change Addition |
| NAME | | C Delete | NAME | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| 13. I hereby of indicated of the core | t on this report or supplemental report is tri | ue and accurate and that ered to execute this repor | my signature shall have th t as required by Chapter 6 | Section 119.07(3)(i), Florida Statutes. I further certify the same legal effect as if made under oath; that I am 607, Florida Statutes; and that my name appears in E | an officer or director |
| SIGNAT | TURE: * Decups | ell D | ENIGE CAM | pbell 4/2/2000 | |
| | | | R OR DIRECTOR | | me Phone # |

*/~~~~~

#P99000024580 647476

DENISE CAMPBELL 1737 NW 18TH ST FT LAUDERDALE, FL 33311

Request taken by: thampton 03-08-2000

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314