2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P99000025816 COASTAL BOOT COMPANY, INC. 01-23-2001 90118 026 ***150.00 Principal Place of Business Mailing Address 1232 NE 2ND AVE. 1232 NE 2ND AVE. MIAMI FL 33132 MIAM! FL 33132 Principal Place of Business 3. Mailing Address R. 281 Enter Port CIR DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0503904 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BONDAR, JOEL 1232 NE 2ND AVE. **MIAMI FL 33132** 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 FILE NOW!!! FEE IS \$150.00 corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be ax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Delete TITLE PONTACT, BIVEE PORT CICLL PONTNER, BRUCE NAME NAME STREET ADDRESS 1232 N.E. 2ND AVENUE STREET ADDRESS Dumpanu Reach EL 33064 Dir Bohange CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP DST TITLE ☐ Delete TITLE BUNDAR, JUST 2821 CENTER NAME BONDAR, JOEL NAME STREET ADDRESS 1232 N.E. 2ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 TITLE Delete TITLE NAME PATERSON, JAMES NAME STREET ADDRESS 1232 N.E. 2ND AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP TITLE D۷ ☐ Delete TITLE NAME YU. TEDDY NAME STREET ADDRESS STREET ADDRESS 1232 N.E. 2ND AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 at 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.