2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2000 8:00 am DOCUMENT # **P99000027145** Secretary of State SOUTH FLORIDA SKI BOATS AND WATERSPORTS, INC. 05-02-2000 90012 046 ***150.00 Principal Place of Business Mailing Address 134 WATERWAY ROAD 134 WATERWAY ROAD ROYAL PALM BEACH FL 33411-1543 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 6537 SOUTHERN BL. #10 3. Mailing Address 134 WATERWAY ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State WEST PALM 65-0904925 ROYAL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARROLL, ROBERT SCOTT Street Address (P.O. Box Number is Not Acceptable) 134 WATERWAY ROAD ROYAL PALM BEACH FL 33411 Zip Code 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. 04-28-2000 (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TREASURER / Secretary TITI F ☐ Change ☐ Delete TITLE CARROLL CARROLL, ROBERT SCOTT NAME NAME MICHELE 134 WATERWAY ROAD 134 WATERWAY ROAD STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP BEACH CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Change Addition TITLÉ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE 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 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · Delete TITLE Change ☐ Addition TITLE NAME NAME

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 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 empow

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP