2000 UNIFORM BUSINESS REPORT (UBR) 5/3/ FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # P99000031988 1. Entity Name 19TH HOLE PRO AM, INC. 05-03-2000 90032 020 ***150.00 Principal Place of Business Mailing Address 357 6TH AVE W 357 6TH AVE W **BRADENTON FL 34205** BRADENTON FL 34205-8820 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0912626 Not Applicable Zio Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAZEL, DAVID A Street Address (P.O. Box Number is Not Acceptable) 357 6TH AVE W **BRADENTON FL 34205** City 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. 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 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 11. 医医乳球形 ☐ Change ☐ Addition ☐ Delete TITLE TITLE HAZEL, DAVID A NAME NAME STREET ADDRESS 714 49TH STREET EAST STREET ADDRESS **BRADENTON FL 34208** CITY-SY-ZIP CITY-ST-ZIE ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THE TREE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-79 ☐ Change Addition | TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 attat/hment with anjuddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TIVED OR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR

4/15/2000

941-747-6037

Daytime Phone #