2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 22, 2002 8:00 am Secretary of State P99000055556 DOCUMENT # 1. Entity Name 05-22-2002 90153 001 ***150.00 SEAGULL WATER SPORTS, INC. Mailing Address Principal Place of Business 108 BEAL PKWY SOUTH 1318 MIRACLE STRIP PKWY FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3603559 Not Applicable \$8.75 Additional Zin Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GRIMSLEY, JAMES W** Street Address (P.O. Box Number is Not Acceptable) 25 WALTER MARTIN ROAD FORT WALTON BEACH FL 32548 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME ROBERTS II, PAUL G STREET ADDRESS STREET ADDRESS 426 PELHAM RD CITY-ST-ZIP FORT WALTON BEACH FL 32547 CITY-ST-ZIP ☐ Addition ☐ Change Defete TITLE NAME NAME MILLER, MARLIN STREET ADDRESS STREET ADDRESS 103 DANDLE AVE CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32547 Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 attachment with an address, with all other like empowered.

FILED

Date

Daytime Phone #