2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076746
Entity Name
Jack Rabbit Watersports, Inc.

APPROVED AND FILED
P99000076746

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10050 NW 46th St. Sunrise, FL 33351	Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10030 NW 46th ST	10030 NW 46th St
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: SUNRISE FL	City & State: SUNRISE FL ~~33351~~
Zip: 33351 Country: USA	Zip: 33351 Country: USA

4. FEI Number: 65-0631203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Gary H. Jones 10050 NW 46th St Sunrise FL 33351	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE
Sig. (Must be typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gary H. Jones 10050 NW 46th St Sunrise FL 33351 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARY H. JONES ~~1050~~ 10030 NW 46th St SUNRISE FL 33351 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nancy A. Jones 10050 NW 46th St. Sunrise FL 33351 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NANCY A. JONES 10030 NW 46th St SUNRISE FL 33351 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900003387299--7 -07/26/00--01100--005 ****158.75 ****158.75 ☐ Change ☐ Addition
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CR2E034 (9/99)

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.

SIGNATURE: _____ 4-12-00 954-578-1520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #