## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 01, 2001 8:00 am Secretary of State DOCUMENT # **P99000091290** OCEAN EXTREME SPORTS, INC. 03-01-2001 90052 034 \*\*\*150.00 Principal Place of Business Mailing Address 999 E. CAMINO REAL 999 E. CAMINO REAL BOCA RATON FL 33432 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0955046 Not Applicable Żip Country Country \$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 Name RICHARDSON, DANIEL J 6278 N FEDERAL HWY 999 E Camino (Ceal Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERBALE EL 33308 BOCK Raton Pa 33432 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS CR2E034 (10/00) Addition TITLE ☐ Delete TITLE RICHARDSON, DANIEL J NAME NAME STREET ADDRES 6278 N-FEDERAL HWY-#592 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP = TORT LAUDERDALE-FL-33308 TITLE Delete TITLE ☐ Addition 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 Change TITLE ☐ Delete Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition 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 eath; that I am an officer or director of the corporation or the reserver 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 attach nent with an address with all other like empowered.

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED