

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S64440

1. Entity Name
FUN PORT, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90017 020 ***150.00

Principal Place of Business
132 GEORGE MAIN DR
PALATKA MALL, SPACE F-1
POMONA PARK FL 32181

Mailing Address
PO BOX 370
PALATKA MALL, SPACE F-1
POMONA PARK FL 32181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
132 George Main Dr.
Suite, Apt. #, etc.

3. Mailing Address
132 George Main Dr.
Suite, Apt. #, etc.

City & State
Pomona Park, FL

Zip
32181

Country
US

4. FEI Number 59-3060217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAIN, DONLEY C.
400 HIGHWAY 19 N
PALATKA MALL, SPACE F-1
PALATKA FL 32177

7. Name and Address of New Registered Agent
Name Main, Donley C.
Street Address (P.O. Box Number is Not Acceptable)
132 George Main Dr.
City Pomona Park FL Zip Code 32181

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 Donley C. Main Donley C. Main 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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 | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAIN, DONLEY C. | | NAME | Main, Donley C. | |
| STREET ADDRESS | 400 HIGHWAY 19 N | | STREET ADDRESS | 132 George Main Dr. | |
| CITY-ST-ZIP | PALATKA FL 32177 | | CITY-ST-ZIP | Pomona Park, FL 32181 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 attachment with an address, with all other like empowered.

SIGNATURE: Donley C. Main Donley C. Main 4/27/01 386-649-8722
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)