FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90052 005 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S88222

1. Entity Name
TIDAL ENTERPRISES, INC.

90133745

Principal Place of Business	Mailing Address
320-23RD STREET SOUTH APT 1002 ARLINGTON, VA 22202 US	320-23RD STREET SOUTH APT 1002 ARLINGTON, VA 22202 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
214 WILD OAK DRIVE	214 WILD OAK DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SWANSBORO, NC	City & State: SWANSBORO, NC
Zip: 28584 Country: USA	Zip: 28584 Country: USA

4. FEI Number: 59-3091468 — 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
JACOBY/KENNETH N 1423 S PATRICK DR SATELLITE BEACH, FL 32937	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHL, GEORGE G ~~320-23RD STREET SOUTH, APT 1002~~ 214 WILD OAK DRIVE ~~ARLINGTON, VA 22202~~ SWANSBORO, NC 28584 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHL, CYNTHIA S ~~320-23RD STREET SOUTH, APT 1002~~ 214 WILD OAK DRIVE ~~ARLINGTON, VA 22202~~ SWANSBORO, NC 28584 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

*12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia S. Kahl 5-3-03 910-325-1251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #