FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 02, 2000 8:00 am Secretary of State **DOCUMENT # \$98645** Y-KNOT CUSTOM BOAT DETAILING, INC. 05-02-2000 90108 050 ***150.00 Principal Place of Business Mailing Address iii 11 AVENUE 111 11 AVENUE ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785-3725 pipal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-3051316 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ていんしゃ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARTIER, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 111 11 AVE INDIAN ROCKS BEACH FL 33785 purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE Signature, type of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is exgible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE NAME CARTIER, JENNIFER NAME STREET ADDRESS STREET ADDRESS 111 11 AVE CITY-ST-ZIP CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635 ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 supplied 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 recover or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental re of the corporation or the receiver or truster changed, or on an attachment with an addi-

SIGNATURE: