2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am **DOCUMENT # V45584 Secretary of State** SPEED BOAT ADVENTURES, INC. 03-01-2001 91346 008 ***150.00 Principal Place of Business Mailing Address 301 SEABREEZE BLVD, A1A SOUTH 301 SEABREEZE BLVD. FORT LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316-1619 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 65-0352977 Not Applicable Zip Country Country Zip \$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 KENT, NORMAN, ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 805 EAST BROWARD BLVD. SUITE 300 FORT LAUDERDALE FL 33301 City Zip Code FI 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 filling 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Addition TITLE ☐ Change TITLE Delete NEWELL, ROBERT G. NAME NAME STREET ADDRESS STREET ADDRESS 301 SEABREEZE BLVD. CITY-ST-ZIP FORT LAUDERDALE FL 33316-1619 CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete STREET, OLIVER W III NAME NAME STREET ADDRESS 1251 SW 75TH TERRACE STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MCINTYRE, ROBERT O NAME NAME STREET ADDRESS 940 SWEETWATER LANE., #518 STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP BOCA RATON FL 33434 ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #