2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # V69440** 1. Entity Name DESTINATION SURF. INC. 01-26-2001 90075 043 ***158.75 Principal Place of Business Mailing Address SEA PARK PLAZA #568 SEA PARK BLVD #568 ALA YWH BB5 568 HWY A1A SATELLITE BCH FL 32937 SATELLITE BCH FL 32937 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3150584 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .Name HOLLAND, CAROL H. Street Address (P.O. Box Number is Not Acceptable) SEA PARK BLVD #568 **568 HWY A1A** SATELLITE BCH FL 32937 Zip Code City 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 After MAY 1, 2001 Fee will be \$550.00 -Tax filing requirement and elects to do so." Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. HOLLAND, MIGHARL TODO CR2E034 (10/00) PRESIDENT TITLE ☐ Delete TITLE HOLLAND, CAROL NAME 617. S'ORLÁNDO AUE NAME STREET ADDRESS STREET ADDRESS 8760 OLEANDER COURT COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 ■ Addition Change VICE PRESIDENT TITLE ☐ Delete TITLE NAME HOLLAND, DACK NAME STREET ADDRESS STREET ADDRESS 8734 LANTANA CT CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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COURT AND TYPE TO DENTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Jan 01

Gaytime Phone #