2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State
09-11-2000 90002 030 ****61.25

DOCUMENT # 701362

1. Entity Name

RICHEY MARINE TRAINING AND RESCUE GROUP, INC.

Principal Place of Business	Mailing Address
3920 MARINE PARKWAY NEWPORT RICHEY FL 34652	3920 MARINE PARKWAY NEWPORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2040641 ☐ 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
HELLMERS, GENE 14452 SHANGRILA LANE ODESSA FL 33556	Name Robert- Ayers Street Address (P.O. Box Number is Not Acceptable) 7139 Jasmine Dr. City New Port Richey FL Zip Code 34652

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 Gene Hellmers Gene Hellmers 9/4/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HELLMERS, GENE 14452 SHANGRILA LANE ODESSA FL 33556	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Robert Ayers 7139 Jasmine Dr New Port Richey, FL. 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, BERNARD 4908 MARLIN DRIVE NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COVE, RICHARD 6311 BAYSIDE DRIVE NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOWERY, HAROLD E 17834 DEERFIELD DR. LUTZ FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D John Bulazs 4924 Anchor Way New Port Richey, FL 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCONNELL, FRANKLIN J 8904 BARN OWL COURT NEW PORT RICHEY FL 34654	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Kenneth Quackenbush 4032 Marine Pkwy New Port Richey, FL 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Dorothy Scicchitano 5341 Windward Way New Port Richey, FL. 34652	☐ Change ☒ Addition

CR2E037 (5/00)

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 617, 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: SIGNATURE REQUIRED Robert Ayers PD 9/4/00 (727)816-8629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #