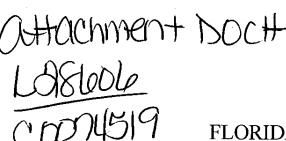
2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🕓

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

Jul 31, 2001 8:00 am Secretary of State **DOCUMENT # L28606** 1. Entity Name 07-03-2001 90001 018 ***150.00 JOHNSON MARINA CORPORATION 07-31-2001 90015 038 ***400.00 Principal Place of Business Mailing Address [6165/007 15051 PUNTA RASSA ROAD 15061 PUNTA RASSA ROAD FORT MYERS FL 33908 FORT MYERS FL 33908 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0153863 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUMSDEN, DENNIS, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) **6719 WINKLER ROAD** FORT MYERS FL 33919 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change JOHNSON, VIRGINIA NAME NAME STREET ADDRESS STREET ADDRESS 767 CAPE VIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Addition Delete TITLE ☐ Change JOHNSON, SCOTT NAME MAME STREET ADDRESS 18301 PANTHER TRAIL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH FLORT MYERS FL 33917 ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF C Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Defete 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 cath; 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.

FILED



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 3, 2001

JOHNSON MARINA CORPORATION 15051 PUNTA RASSA ROAD FORT MYERS, FL 33908

Subject: JOHNSON MARINA CORPORATION

Reference _____L28606-Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sa ANNUAL REPORTS SECTION