DOCU	MENT # N41742	FILED Jan 10, 2001 8:00 am						
HIDDEN	N HARBOR MARINE ENVIROR	NMENTAL PROJECT, IN	IC.	J	Secretary	01 8:0 of S	uu am tate	
Principal Plac	ce of Business	Mailing Address			01-10-2001 90091			
% RICHARD H. MORETTI 2396 OVERSEAS HIGHWAY MARATHON FL 33050		% RICHARD H. MORETTI 2396 OVERSEAS HIGHWAY MARATHON FL 33050		Lunua	B	8.1 87911 81811 81	(B)	
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	65-0306516 Applied For Not Applicable			
Zip Country		Zip	Country	5. Certificate of Status Desired Fe		\$8.75 Add Fee Require	8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	Idress of New Registered A	lgent		
			Name					
MORETTI, RICHARD H. 2396 OVERSEAS HIGHWAY			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	ON FL 33050		City	. —,_	FL	Zip Code	8	
3. The above	named entity submits this statement for	or the purpose of changing its r	egistered office or regis	stered agent, or both, i	n the state of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	and title if applicable. (NOTE:  9. Election Campaign Trust Fund Contribu		5.00 May Be ded to Fees	Make Check F Department			
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS AND DIF	RECTORS IN	10	
TITLE	PVS	□ Delete	TITLE			☐ Change	Addition	
HAME STREET ADDRESS CITY-ST-ZIP	MORETTI, RICHARD 2396 OVERSEAS HIGHWAY MARATHON FL	,	NAME Street address City-St-Zip		,			
TITLE NAME STREET ADDRESS.	D BUTCHER, ROGER	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP	ORLANDO FL	☐ Delete	CITY-ST-ZIP TITLE			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ENGLEHARDT, JOHN C. 1524 E. LIVINGSTON ST. ORLANDO FL	□ belete	NAME STREET ADDRESS CITY-ST-ZIP					
ITLE IAME TREET ADDRESS	TD MORETTI, RICHARD 2396 OVERSEAS HIGHWAY	☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ Addition	
ITLE IAME ITREET ADDRESS	MARATHON FL	☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition	
		☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address.	n this filling does not qualify for to true and excurate and that my purefed to execute this report a with all other like conflowered.	CITY-ST-ZIP	Section 119.07(3)(i), Forestand Section 119.07(3)(i), Resame legal effect as 617, Florida Statutes; a	Florida Statutes. I further cert if made under oath; that I a and that my name appears in	ify that the in m an officer i Block 10 or	nformation or director Block 11 if	

Date

Daytime Phone #

SIGNATURE FIGURED SIGNATURE AND PRINTED HAME OF SIGNATURE AND PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: