2001 UNIFORM BUSINESS REPORT (UBR) FILED N41781 DOCUMENT # May 03, 2001 8:00 am Secretary of State 1. Entity Name ORLANDO MARINE INSTITUTE, INC. 05-03-2001 90990 003 ****61.25 Principal Place of Business Associated Marine Institutes 5915 Benjamin Center Drive ORLANDO MARINE INSTITUTE 1461 LAKE PLEASANT ROAD Tampa, FL 33634 しひひひひひみん APOPKA, FL 32703 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 59-3257953 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Hull David J. Smith, Hulsey & Busey 225 Water Street, Ste. Jacksonville, FL 32202 City 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chànge TITLE ☐ Delete TIT ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accordate 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 polyried 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 SIGNATURE: O.B.Stander 4/16/01 313-887-3300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Chment Doc# Nu

Orlando Marine Institute Day Program 1461 South Lake Pleasant Road

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Orlando Marine Institute Safe Program 6049 Randolph Street Orlando, FL 32809 Phone: (407) 858-9648 Fax: (407) 855-8614

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Additional Director

O.B. Stander 5915 Benjamin Center Drive Tampa, FL 33634