2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # P97000030726 INDIAN SPRINGS MARINA, INC. 05-11-2000 90325 024 ***150.00 Principal Place of Business Mailing Address 7162 HUNT CLUB LANE 7162 HUNT CLUB LANE SEMINOLE FL 34646 SEMINOLE FL 33776-4227 1.7850030 2. Principal Place of Business 113th Ave. N 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEi Number 59-3442874 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VINCI, LOUIS J. Street Address (P.O. Box Number is Not Acceptable) 15151 113TH AVE N **LARGO FL 33774** 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, 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. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2F034 (9/99) Addition D Change TITLE ☐ Delete TITLE VINCI, LOUIS J NAME NAME STREET ADDRESS STREET ADDRESS 7162 HUNT CLUB LANE CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33776 ☐ Change Addition TITLE ☐ Delete VINCI, MARY JANE NAME STREET ADDRESS STREET ADDRESS 7162 HUNT CLUB LANE CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33776 ____Delete TITLE _ _ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE NAME There ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP

i3. 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.