Amended

08-28-2002 90036 037 ****61.25

FILED 217825

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 217825

1. Entity Name

Prosperity Dredging Co. Inc.

DO NOT WRITE IN THIS SPACE

(New) (New)

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2221 Monet RD	C/O Pressly & Pressly, P.A.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 222 Lakeview Ave. Ste 910	
City & State: North Palm Beach, FL	City & State: West Palm Beach, FL	4. FEI Number 590857051 ☐ Applied For ☐ Not Applicable
Zip 33408 Country USA	Zip 33401 Country USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent (New)

Name: J. Grier Pressly III

Street Address (P.O. Box Number is Not Acceptable): 222 Lakeview Ave. Suite 910

City: West Palm Beach FL Zip Code: 33401

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: J. Grier Pressly III 8/20/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) (New) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lisa Milling 2221 Monet RD. North Palm Beach, FL 33408	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Darren Milling 2221 Monet RD. North Palm Beach, FL 33408	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Remove/Delete: Glenn E. Milling	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Susan Downing	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa D. Milling 8/23/02 (561) 622-6890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lisa Milling, President