2003 FOR PROFIT CORPORATION

FILED Apr 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** 532310 **DOCUMENT #** 1. Entity Name 04-17-2003 90159 011 ***150.00 COASTAL ENGINEERING CONSULTANTS, INC. Principal Place of Business Mailing Address 3106 S HORSESHOE DR. 3106 S HORSESHOE DR. NAPLES FL 34104 NAPLES FL 34104 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-1728628 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, DENNIS C ESQ Street Address (P.O. Box Number is Not Acceptable) BOND SCHOENECK & KING PA 4001 TAMIAMI TRAIL N, SUTE 250 NAPLES FL 34103 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change ☐ Addition TITLE TITLE ☐ Delete STEPHEN, MICHAEL F NAME NAME STREET ADDRESS 374 S GOLF DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-7IP **Y**/0 ☐ Change Delete TITLE VSD TITLE NAME DANE, DOUGLAS J RUCE R, DILGES NAME STREET ADDRESS 6240 CYPRESS HOLLOW WAY 4731 STONE RIDGE TRAIL STREET ADDRESS CITY-ST-ZIP SARASOTA, FI. 34232 CITY-ST-ZIP naples fl -- Change TITLE Delete: ----TITLE ± NAME NAME weston, david e STREET ADDRESS STREET ADDRESS 4754 1ST AVENUE S.W. CITY-ST-ZIP CITY-ST-ZIP naples fl Change ☐ Addition VD ☐ Delete TITLE EWING, RICHARD J NAME NAME 982 ROSE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP naples fl CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME POFF, MICHAEL T NAME STREET ADDRESS STREET ADDRESS 1609 GARDENIA LANE

12. I hereby certify that the information supplied with this filling 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 contribute empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment w 239.643.2324

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

NAPLES FL

NAPLES FL

worley, dana l

2584 44TH TERRACE S.W.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

Change

☐ Addition