## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 586031 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name WHITLEY MARINE, INCORPORATED 04-19-2000 90058 016 \*\*\*150.00 Mailing Address Principal Place of Business 93 DELANNOY AVENUE 93 DELANNOY AVENUE COCOA FL 32922-7913 COCOA FL 32922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1839568 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITLEY, JOSEPH B. Street Address (P.O. Box Number is Not Acceptable) 93 DELANNOY AVENUE COCOA, FLORIDA DM 32922 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 DATE 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. ☐ Addition TITLE TITLE Delete WHITLEY, JOSEPH B. NAMÉ NAME 93 DELANNOY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COCOA FL STD Change ☐ Addition ☐ Delete TITLE TITLE WHITLEY, DIANE P. NAME NAME 93 DELANNOY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL . - -- 🔲 Change -☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 reserver or truster ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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P. Whitzey 4-13-00 321-632-