2002 UNIFORM BUSINESS REPORT (UBR)

May 10, 2002 8:00 am Secretary of State DOCUMENT # 657796 1. Entity Name MARLIN INDUSTRIES, INC. 05-10-2002 90044 018 ***150.00 Principal Place of Business Mailing Address 3603 PROSPECT AVE 3603 PROSPECT AVE 358883 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 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 59-1975686 Not Applicable Zip Country 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 CIOFFI, JAMES Street Address (P.O. Box Number is Not Acceptable) 250 TEQUESTA DR, SUITE 200 **TEQUESTA FL 33469** City Zip Code FL 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 STGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition SOLES, PAUL C NAME NAME 9042 GARDENS GLEN CR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH GARDENS FL 33418 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HENDERSON, BARBARA N NAME NAME STREET ADDRESS 9042 GARDENS GLEN CR MELYSSA SOLES STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33418 9042 GARDENS GLEN CIR CITY-ST-ZIP PALM BEACH GARDENS, FL 334chage ~ Delete - ~~ TITLE ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71F

13. Thereby 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02

(561) 848-1490

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Daytime Phone #

FILED