2000 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # 666123** ROBERT JANDREAU & SON MARINE CONSTRUCTION, INC. 04-25-2000 90109 043 ***150.00 Principal Place of Business Mailing Address 7358 COCONUT BLVD 7358 COCONUT BLVD. WEST PALM BEACH FL 33412-1448 WEST PALM BEACH FL 33412 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1988773 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JANDREAU III, ROBERT L. Street Address (P.O. Box Number is Not Acceptable) 7358 COCONUT BLVD. WEST PALM BEACH FL 33412 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. (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 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 11. **PST** ☐ Addition TITLE ☐ Delete NAME Jandreau, Robert L., III STREET ADDRESS STREET ADDRESS 1250 OLD DIXIE HWY. CITY-ST-7IP CITY-ST-ZIP LAKE PARK FL Change : ☐ Addition VPTHOMPSON, KENNETH Delete TITLE 9363 OLD DIXIE HWY MARTEL, ROGER NAME NAME STREET ADDRESS 7358 COCONUT BLVD STREET ADDRESS LAKE PARK , FL. 33403 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33412 🔀 Delete TITLE Change ☐ Addition TITLE SWORD, DAVID 8975 BURMA RD. JANDREAU, REBECCA DAVIS NAME NAME STREET ADDRESS 1250 OLD DIXIE HWY STREET ADDRESS LAKE PARK , FL. 33403 CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete ☐ Change TITLE TITLE

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREFT ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00 (561) 845-0189

Daytime Phone #