2002 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2002 8:00 am 8 Secretary of State 666123 DOCUMENT # 1. Entity Name 03-26-2002 90077 007 ***150 00 ROBERT JANDREAU & SON MARINE CONSTRUCTION, INC. Principal Place of Business Mailing Address 7358 COCONUT BLVD 7358 COCONUT BLVD. WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412 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 59-1988773 Not Applicable Zip 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 Jandreau III. Robert L. Street Address (P.O. Box Number is Not Acceptable) 7358 COCONUT BLVD. WEST PALM BEACH FL 33412 Zip Code City 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. 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. 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, 2002 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. 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE JANDREAU, ROBERT L., III NAME NAME 1250 OLD DIXIE HWY. STREET ADDRESS STREET ADDRESS LAKE PARK FL CITY-ST-ZIP CITY-ST-ZIP **VP** ☐ Delete TITLE Change Addition TITLE THOMPSON, KENNETH NAME NAME 9363 OLD DIXIE HWY STREET ADDRESS STREET ADDRESS LAKE PARK FL 33403 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE LOVE, TERRY NAME NAME STREET ADDRESS 1805 W BLUE HERON BLVD #L105 STREET ADDRESS **RIVIERA BEACH FL 33404** CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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

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