2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # \_\_731206 May 03, 2001 8:00 am Secretary of State 1. Entity Name DADE MARINE INSTITUTE, JINC. 05-03-2001 90990 039 \*\*\*\*61.25 Principal Place of Business Associated Marine Institutes DADE MARINE INSTITUTE SOUTH 5915 Benjamin Center Drive 1820 ARTHUR LAMB JR. RD. Tampa, FL 33634 C0058933 MIAMI, FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State . Applied For 4. FEI Number 59-1561549 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 Hull David J. Street Address (P.O. Box Number is Not Acceptable) Smith, Hulsey & Busey 225 Water Street, Ste. City Zip Code Jacksonville, FL 32202 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:** 9. Election Campaign Financing Make Check Payable to. \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11! ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete ☐ Change TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET AD CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 secure his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all g SIGNATURE: \_\_O.B.Stander 4/16/01 313-887-3300

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