2001 UNIFORM BUSINESS REPORT (UBR) Mar 08, 2001 8:00 am DOCUMENT # 735956 **Secretary of State** 1. Entity Name MARINE SCIENCES UNDER SAILS, INCORPORATED 03-08-2001 90118 019 ****61.25 Principal Place of Business Mailing Address PO BOX 2195 6 SEA LANES S. ST PETERSBURG FL 33705 ST PETERSBURG FL 33731 00023032 2. Principal Place of Business 3. Mailing Address 6 SEA LANES 2195 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FEI Number 59-1740095 FL FETERSBURG Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) WEBSTER, EDWARD J. 6 SEA LANE S. ST PETERSBURG FL 33705 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete SMITH, FRANCIA B. NAME NAME STREET ADDRESS 6 SEA LANE . S STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33705 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LYNCH, ROBERT NAME NAME 620 S W 14TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE WEBSTER, EDWARD J NAME NAME STREET ADDRESS 6 SEA LANE, S STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE RIALS, ALISON C. NAME NAME

12. 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 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 other like empowered.

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TITLE

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-2IP

TITLE

NAME

TITLE

NAME

10811 S.W. 51ST COURT

FT.LAUDERDALE FL

BRAATEN, CONRAD A

PURCELL, PATRICK J

CRYSTAL RIVER FL

BOCA RATON FL

10319 EAST PORT COURT

12646NW FORT ISLAND TRAIL

SIGNATURE AND TYPED OR DENTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

March 5,2001 727-892-2414

☐ Change

☐ Change

Addition

Addition