2002 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2002 8:00 am Secretary of State **DOCUMENT # 736959** 1. Entity Name ANNA MARIA ISLAND PRIVATEERS, INC. 05-14-2002 90043 038 ****61.25 Principal Plage of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 7004 Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Halm City & State 4. FEI Number Applied For 59-1718904 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Ma nate Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 SIGNATURE *** *** :: (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE (9/01) Change Addition N, ME MADDOX, RICK NAME STREET ADDRESS 4515 124TH ST CT WEST STREET ADDRESS CITY-ST-ZIP CORTEZ FL 34215 CITY-ST-ZIP TĪTLE Delete TITLE Additio WEYMAN, STANLEY Elizabeth Christie NAME NAME 2703 17H AVE W STREET ADDRESS 7004 Marina Drive BRADENTON FL.34205 CITY_ST_ZIP__ 😓 Holmes Beach-FC-34217-TITLE Delete TITLE ☐ Change ☐ Addition WITTON, BRUCE NAME NAME 508 HILLCREST DRIVE N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Addition STEWART, MITCH NAME NAME 217 46TH ST W STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BRADENTON FL 34209** CITY-ST-ZIP DAVIDSON, GARY TITLE ☐ Delete TITLE ☐ Addition NAME Davidson STREET ADDRESS STREET ADDRESS 615-49 St. Ct. W **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME ALLGIRE, PAUL NAME STREET ADDRESS 3607 E BAY DRIVE STREET ADDRESS CITY-ST-ZIP HOLMES BEACH FL 34217 CITY-ST-ZIP 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.

SIGNATURE REQUIRED SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #