2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

Secretary of State DOCUMENT # F00000001636 1. Entity Name 03-27-2002 90074 008 ***150.00 YATES MARINE SERVICES, INC, Principal Place of Business Mailing Address 3800 BAL HARBOR BLVD. UNIT 514 3800 BAL HARBOR BLVD, UNIT 514 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 B0052443 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number. 61-1191127 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 Name YATES, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 3800 BAL HARBOR BLVD. UNIT 514 PUNTA GORDA FL 33950 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE □ Addition TITLE ☐ Delete NAME YATES, JEFFREY L NAME STREET ADDRESS 3800 BAL HARBOR BLVD. UNIT 514 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition SVC NAME NAME YATES, DONNA G STREET ADDRESS STREET ADDRESS 3800 BAL-HARBOR BLVD. UNIT 514 CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP Addition Change TITLE. ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Mar 27, 2002 8:00 am §

CH2E034 (9/01)