2003 FOR PROFIT CORPORATION

Jan 15, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** F40302 DOCUMENT # 01-15-2003 90238 029 ***150.00 1. Entity Name DELTA MARINE, INC. Principal Place of Business Mailing Address 5600 3RD AVE. .5600 3RD AVE. 40007772 KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2321698 Not Applicable Zip Country Country Zip \$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 ANDREWS, HENRY J., JR. Street Address (P.O. Box Number is Not Acceptable) 1325 SUNSET DRIVE KEY WEST FL 33040 City 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. I am familiar with, and accept Significate, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition andrews, Henry J., Jr. NAME NAME STREET ADDRESS 1325 SUNSET DRIVE STREET ADDRESS CITY-ST-ZIP KEY WEST FL CITY-ST-ZIP TITLE ST Delete ☐ Change ☐ Addition NAME : ANDREWS: CATHERINE A. NAME STREET ADDRESS 1325 SUNSET DRIVE STREET ADDRESS CITY-ST-7P KEY WEST FL® CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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 607, 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 empow

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIE

TYPED OR PRINTED NAME OF SIGNING OF

☐ Delete

☐ Change

Addition

FILED