## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AN THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED DOCUMENT # F97327** May 03, 2000 8:00 am **Secretary of State** OFFSHORE INDUSTRIES, INC. 05-03-2000 90089 019 \*\*\*150.00 Principal Place of Business Mailing Address 11541 NW 24TH ST. 850 NE 3RD ST PLANTATION FL 33323-2033 SUITE 105 DANIA FL 33004 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-2215686 Not Applicable Zip Country ---Zip Country 5. Certificate of Status Desired \$8:75 Additional -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOLL, HARRY J. JR. Street Address (P.O. Box Number is Not Acceptable) 11541 NW 24TH STREET PLANTATION FL 33323 Zip Code 8. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 12 11. Addition ST TITLE ☐ Delete TITLE DOLL, BARBARA A NAME STREET ADDRESS STREET ADDRESS 11541 NW 24TH ST. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Change ☐ Addition Delete TITLE TITLE DOLL, HARRY J JR NAME NAME STREET ADDRESS 11541 NW 24TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Delete TITLE ☐ Addition TITLE 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 changed, or on an attachment with an address, with all other like empowered.