FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

May 10, 2001 8:00 am Secretary of State **DOCUMENT # G68324** 1. Entity Name WORLD MARINE UNDERWRITERS, INC. 95-10-2001 90192 027 ***150.00 Principal Place of Business Mailing Address HARBOUR TOWNE MARINA HARBOUR TOWNE MARINA 850 NE THIRD STREET # 210 850 NE THIRD STREET DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2341122 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 WARDLOW, HARRY W. Street Address (P.O. Box Number is Not Acceptable) HARBOUR TOWNE MARINA 850 NE THIRD ST #210 DANIA FL 33004 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition Change TITLE ☐ Delete TITLE NAME WARDLOW, HARRY W. (PRES. NAME STREET ADDRESS STREET ADDRESS 600 FLAMINGO DR. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete ☐ Change ☐ Addition DST NAME WARDLOW, ANNE V. (VPS) NAME STREET ADDRESS STREET ADDRESS 600 FLAMINGO DR. CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Chance 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