2000 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # H85971** 1. Entity Name BIG BEND MARINE, INC. 02-14-2000 90037 011 ***150.00 Principal Place of Business Mailing Address उन्हें S. BYRON BUTLER PKWY. 3482 S. BYRON BUTLER PKWY. 00020290 renni FL 32347 PERRY FL 32347-6456 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-2620226 Not Applicable Country Zip Zip 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 MORGAN, FRED EDSEL, JR. Street Address (P.O. Box Number is Not Acceptable) 3482 S. BYRON BUTLER PKWY. PERRY FL 32347 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 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, 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 11. 12. CR2E034 (9/99) Change Addition TITLE Delete TIT) F MORGAN, FRED EDSEL, JR. NAME NAME STREET ADDRESS STREET ADDRESS **ROUTE 3, BOX 518** CITY-ST-ZIP CITY-ST-ZIP PERRY FL TITLE ☐ Delete TITLE Change ☐ Addition NAME MORGAN, FRED EDSEL, SR. NAME STREET ADDRESS STREET ADDRESS RT 1 BOX 516 CITY-ST-ZIP CITY-ST-ZIP PERRY FL. STD ☐ Delete TITLE Change ☐ Addition TITLE NAME MORGAN, DOROTHY NAME STREET ADDRESS STREET ADDRESS ROUTE 1, BOX #516 CITY-ST-ZIP CITY-ST-ZIP PERRY FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

3. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REDMORGAN Jr. 2-5-00

850-584-5

Daytime Phone #

FILED