2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J09142** Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** ELLIS MARINE, INC. 01-24-2000 90003 044 ***150.00 Mailing Address Principal Place of Business 153 E. PALMETTO PK. RD 153 E. PALMETTO PK. RD SUITE 150 SUITE 150 **44447** BOCA RATON FL 33432 **BOCA RATON FL 33432-4847** 3. Mailing Address 2. Principal Place of Business STREET 22 SE STREET 22 SE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 50:78 Applied For City & State 4. FEI Number City & State 59-2674282 Not Applicable BOCA \$8.75 Additional 5. Certificate of Status Desired 3432 Fee Required 33432 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S. Street Address (P.O. Box Number is Not Acceptable) 500 E BROWARD BLVD #2050 **SUITE 2050** FT LAUDERDALE FL 33394-0079 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. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ✓ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE NAME NAME **ELLIS, RON** STREET 22 SE STREET ADDRESS 153 E PALMETTO PARK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

16 JAN 2000 561-338-3707

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