2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **J32227** 1. Entity Name FLAGSHIP DIESEL & MARINE SERVICE, INC. 03-20-2000 90097 030 \*\*\*150.00 Mailing Address Principal Place of Business 6048 GARRETT SY. 6048 GARRETT ST. PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE City's State of Gardens Applied For 4. FEI Number 59-2718942 Not Applicable \$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 MOUNTAIN, BRIAN G. Street Address (P.O. Box Number is Not Acceptable) **6048 GARRETT STREET** PALM BEACH GARDENS FL 23418 Jupiter, 12. Zip Code FĹ 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. Atter 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE TITLE ☐ Delete MOUNTAIN, BRIAN G. NAME NAME STREET ADDRESS 6048 GARRETT STR. STREET ADDRESS Jupiter, FZ. 33458
Jupiter, FZ. 33458 CITY-ST-ZIP PALM BEACH GDNS FL CITY-ST-ZIP De'ete Change Addition TITLE. TITLE MOUNTAIN, DEBORAH L. NAME 6048 GARRETT STR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM BEACH GDNS FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change 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 ☐ Change ☐ Addition TITLE ☐ Delete 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.

NATURE AND TWEET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO