2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # J33893** 1. Entity Name FLORIDA MARINE PRODUCTS, INC. 04-05-2001 90100 008 ***150.00 Principal Place of Business Mailing Address 2001 EAST FIFTH AVENUE 2001 EAST FIFTH AVENUE TAMPA FL 33605-5221 TAMPA FL 33605-5221 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 59-1627882 Not Applicable 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 PATTILLO, RANDOLPH URBAN Street Address (P.O. Box Number is Not Acceptable) 2001 EAST FIFTH AVENUE TAMPA FL 33605-5221 Zip Code FL 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, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE XX Change PATTILLO, RANDOLPH URBAN 2001 EAST 5th AVE. PATTILLO, RANDOLPH URBAN NAME NAME STREET ADDRESS STREET ADDRESS 805 WEST RIVER DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL. 33605 TAMPA FL STD X Change ☐ Addition TITLE X Delete TITLE HAYDEN, RONALD EUGENE PATTILLO, RANDOLPH ANTHONY NAME NAME STREET ADDRESS 2140 EVENTIDE ROAD STREET ADDRESS 1202 WEST CHARTER STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TAMPA, FL. 33602 TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 □ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplies will indicated on this report or supplemental seport does not coalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and this my signature shall have the same legal effect as if made under oath; that I am an officer or director 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

R.U.PATTILLO (PRESIDENT) 04/03/01 Daytime Phone #

d to execu

SIGNATURE: