2000 UNIFORM BUSINESS REPORT (UBR)

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

NATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE: 2

DOCUMENT # J74332 May 22, 2000 8:00 am Secretary of State PRECISION BOAT WORKS OF HOLLYWOOD, INC. 05-22-2000 90077 022 ***150.00 Mailing Address Principal Place of Business 2981 RAVENSWOOD RD 2981 RAVENSWOOD RD FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312-4921 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2819511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New, Registered Agent 6. Name and Address of Current Registered Agent PETITO, PAUL G Street Address (P.O. Box Number is Not Acceptable) 2981 RAVENSWOOD RD FT LAUDERDALE FL 33312 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 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 12. 11. ☐ Change ☐ Addition ☐ Delete TITI F TITLE PETITO, PAUL G. NAME NAME STREET ADDRESS STREET ADDRESS 10444 SW 23 TH COURT CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 ☐ Change ☐ Addition ☐ Delete TITLE PETITO, MICHAEL P NAME STREET ADDRESS STREET ADDRESS 10444 SW 23 TH COURT CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 —☐ Change —☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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