FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 10, 2001 8:00 am Secretary of State **DOCUMENT #** K66128 1. Entity Name INTERNATIONAL MARINE MARKETING, INC. 09-10-2001 90002 040 ***550.00 Principal Place of Business Mailing Address % RON STELL % RON STELL 9133 B S.W. 20TH PLACE 9133 B S.W. 20TH PLACE FT. LAUDERDALE FL 33324 FT. LAUDERDALE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0109852 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 Name STELL RON Street Address (P.O. Box Number is Not Acceptable) 9133 B S.W. 20TH PLACE FT. LAUDERDALE FL 33324 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete (5/01)TITLE ☐ Addition ☐ Change STELL, RON NAME NAME STREET ADDRESS 9133 B S.W. 20TH PLACE STREET ADDRESS CR2E034 CITY-ST-7IP FT. LAUDERDALE FL CITY_ST_7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STELL, KIM DOROTHY NAME STREET ADDRESS 44 SOUTH CHURCH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BE FORD HILLS NY** TITLE Déléte TITLE ~ صد - 🗔 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

☐ Delete

9/3/2001

954-768-0707 Davime Phone #

☐ Change

☐ Addition