2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: /~~~

FILED DOCUMENT # K72504 May 04, 2001 8:00 am Secretary of State GRUNDY MARINE CONSTRUCTION COMPANY 05-04-2001 90087 042 ***150.00 Principal Place of Business Mailing Address 2209 SAWGRASS VILLAGE DR. 2209 SAWGRASS VILLAGE DR. PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 CAADAOTO U\$ HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2962873 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status-Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent Name Diana H. Starratt BENCAL, DIANA H Street Address (P.O. Box Number is Not Acceptable) 2209 Park Place 2209 PARK PLACE PONTE VEDRA BEACH FL 32082 Ponte Vedra Beach, FL 32082 Zip Code City registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the 26 April 2001 SIGNAT (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, 2001 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. Change ☐ Addition □ Delete TITLE TITLE GRUNDY, MICHAEL J. NAME NAME 49 PHILLIPS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BCH FL CITY-ST-ZIP ☐ Addition ☐ Delete Change TITI F TITLE CARUK, PETER N NAME NAME 179 WATER OAK DRIVE STREET ADDRESS STREET ADDRESS PONTE VEDRA BCH FL CITY-ST-ZIP CITY-ST-7IP X Change ☐ Addition TITLE TITLE ☐ Delete Štarratt, Diana H. 1701 The Greens Way, Apt #431 BENCAL, DIANA H NAME NAME 2419 BRITTANY COURT STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32246 CITY-ST-ZIP Jacksonville Beach, FL 32250 CITY-ST-7IP Change [7] 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-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the receiver or trustee employeered to execute his 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 ar ddres npowered. with all other like e

<u>Diana H.</u>