2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: ACC

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **K74935** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name R & R MARINE CONSTRUCTION, INC. 04-22-2000 90073 013 ***150.00 Mailing Address Principal Place of Business 1360 N.W. 13TH STREET 1360 N.W. 13TH STREET POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-1927 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0107659 Not Applicable Country \$8.75 Additional Zip 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 WOOTEN, RAYMOND E. Street Address (P.O. Box Number is Not Acceptable) 301 N.W. 42ND AVENUE **COCONUT CREEK FL 33066** Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2000 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE WOOTEN, RAYMOND E. NAME NAME STREET ADDRESS STREET ADDRESS 301 N.W. 42ND AVENUE CITY-ST-7IP CITY-ST-ZIP **COCONUT CREEK FL** Addition ☐ Change TITLE ☐ Delete TITLE SPEARE, RICHARD ALDEN NAME NAME STREET ADDRESS STREET ADDRESS 4570 N.W. 18TH AVENUE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition Delete TITLE 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

FILED