## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State K74935 DOCUMENT # 1. Entity Name 04-22-2002 90184 048 \*\*\*150 R & R MARINE CONSTRUCTION, INC. Mailing Address Principal Place of Business 1360 N.W. 13TH STREET 1360 N.W. 13TH STREET POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0107659 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required -- 7. Name and Address of New Registered Agent :6: Name and Address of Current Registered Agent == Name WOOTEN, RAYMOND E. Street Address (P.O. Box Number is Not Acceptable) 301 N.W. 42ND AVENUE **COCONUT CREEK FL 33066** Zip Code City 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) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition ☐ Change ☐ Delete PD TITLE NAME Wooten, raymond e. NAME STREET ADDRESS 301 N.W. 42ND AVENUE STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME SPEARE, RICHARD ALDEN NAME STREET ADDRESS 4570 N.W. 18TH AVENUE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP ☐ Addition ☐: Change -TITLE≃ Delete: TITLE \_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered

FILED