2001 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2001 8:00 am Secretary of State **DOCUMENT # K78672** TIERRA VERDE MARINA DEVELOPMENT CORP. 03-15-2001 90018 016 ***150.00 Principal Place of Business Mailing Address 7005 CENTRAL AVENUE 7005 CENTRAL AVENUE ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2953493 City & State Not Applicable \$8.75 Additional Country 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 ARSENAULT, KENNETH G., JR. Street Address (P.O. Box Number is Not Acceptable) 10225 ULMERTON ROAD, STE 2-A **LARGO FL 34641** Zip Code FL 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, 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 DST TITLE ☐ Delete TITLE MEDLEY, EDWARD NAME NAME 4300 45TH ST., SOUTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DP ☐ Delete TITLE TITLE STAPLES, JACK NAME NAME STREET ADDRESS 1122 PARK STREET NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE CANNOVA, MICHAEL-F. NAME NAME-STREET ADDRESS 3065 34TH ST N STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete 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 bustee 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 in address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED