2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mar 18, 2004 8:00 am Secretary of State DOCUMENT # L02000022788 1. Entity Name 03-18-2004 90186 023 ****50.00 UNDERWAY CUSTOM MARINE CARPET & INSTALLATION LLC Principal Place of Business Mailing Address TUNIUUZ 3266 HAVILAND COURT 3266 HAVILAND COURT PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite,: Apt. #. etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 02-0640682 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIGELOW, WILLIAM HT-Street Address (P.O. Box Number is Not Acceptable) 3266 HAVILAND COURT 103 PALM HARBOR FL 34684 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Change ☐ Addition TITLE Delete NAME BIGELOW, WILLIAM H NAME STREET ADDRESS 3266 HAVILAND COURT #103 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE MGRM TITLE ☐ Change NAME BIGELOW, DARLENE NAME STREET ADDRESS STREET ADDRESS 3266 HAVILAND COURT CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE MGRM TITLE NAME BIGELOW, WILLIAM E NAME STREET ADDRESS 3266 HAVILAND CT #103 -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 THE MGRM ☐ Defete Addition TITLE ☐ Change BIGELOW, JOHATHAN A NAME 3266 HAVILAND CT #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED