FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State DOCUMENT # L50124 1. Entity Name 02-05-2002 90123 007 ***150 00 ISLAND MARINA, INC. Principal Place of Business Mailing Address PO: BOX: 366879 PO BOX 366879 BONITA SPRINGS: FL.34135 **BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3716584 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, KENNETH Street Address (P.O. Box Number is Not Acceptable) 3194 E TAMIAMI TRAIL NAPLES FL 33394 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MCARDLE, DAVID A. NAME STREET ADDRESS 4051 E. MAIN STREET STREET ADDRESS CITY-ST-ZIP SAINT CHARLES IL 60174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Channe NAME NAME KELLY, THOMAS J. STREET ADDRESS STREET ADDRESS 1600 E MAIN ST STE B CITY-ST-ZIE CITY-ST-7IP SAINT CHARLES IL 60174 TITLE ☐ Delete TITLE Change ☐ Addition AS NAME CRAWFORD, J. STEPHEN NAME STREET ADDRESS STREET ADDRESS 5129 CASTELLO DR STE 2 CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP TITLE TITLE Change Delete ☐ Addition NAME LANE, MICHAEL NAME STREET ADORESS 24890 BURNT PLACE STE 6-9 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34136** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DILLON, RON NAME STREET ADORESS STREET ADDRESS P O BOX 366879 CITY-ST-7IP **BONITA SPRINGS FL 34135** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \(\sigma\)

Daytime Phone #