2001 UNIFORM BUSINESS REPORT (UBR)

Aug 29, 2001 8:00 am Secretary of State DOCUMENT # L68475 1. Entity Name D & J INDUSTRIES, INC. 08-29-2001 90004 002 ***550 00 Principal Place of Business Mailing Address ROÙTE 7. BOX 7810 POST OFFICE BOX 430654 MILE MARKER 30.5 MILE MARKER 30.5 BIG PINE KEY FL 33043 BIG PINE KEY FL 33043 US 2. Principal Place of Business 3. Mailing Address *30320* Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0191592 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROWELL. GUS ESQ Street Address (P.O. Box Number is Not Acceptable) 91760 OVERSEAS HIGHWAY (POST OFFICE BOX 777) TAVENUER FL 33070 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 П Trust Fund Contribution. (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 CR2E034 (5/01 JORDAN, RANDY G. NAME NAME #4 IBIS LANE STREET ADDRESS STREET ADDRESS MARATHON FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME SNIDER, JEFFREY NAME STREET ADDRESS 111 BARBADOS STREET ADDRESS CITY-ST-7IP RAMROD KEY FL CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition ☐ Change THORLEY, JOHN F NAME NAME STREET ADDRESS 2660 YELLOWTAIL-DRIVE -STREET ADDRESS CITY-ST-ZIP MARATHON FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: