2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # M60682** Mar 15, 2000 8:00 am 1. Entity Name **Secretary of State** C & J MARINE SURVEYORS, INC. 03-15-2000 90131 018 ***150.00 Mailing Address Principal Place of Business % S. JAMES SANISLO % S. JAMES SANISLO 4163 FRANCES DRIVE 4163 FRANCES DRIVE DELRAY BEACH FL 33445-3214 DELRAY BEACH FL 33445 **686383** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0024846 Not Applicable \$8.75 Additional Zip Country 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 Name SANISLO, S. JAMES Street Address (P.O. Box Number is Not Acceptable) 4163 FRANCES DRIVE **DELRAY BEACH FL 33445** Zip Code City 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, 2000 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SANISLO, S. JAMES. NAME NAME STREET ADDRESS 4163 FRANCES DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL** ☐ Addition Change TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete

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 life empowered.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IND TYPED OR PRINTED NAME OR SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Change

☐ Addition