DOCUMENT # M97846 1. Entity Name MISENER MARINE, INC.							Feb 24, 2000 8:00 am Secretary of State				
Principal Place of Business Mailing Address							0 2 2 1 2 000 1		,10 13	3.73	
C/O ROBERT J. 440 WEST TYSC AMPA FL 33611	on avenue		C/O ROBERT J. VERKYK 5440 WEST TYSON AVENUE TAMPA FL 33611-3228				•	ΙU	U 9 9		
2. Principal Pla	ace of Busin	ness	3. Mailing Address								
Suite, Apt. #	ŧ, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	El Number 59-2905929		<u> </u>	plied For at Applicable	
Zip ~	Country		Zip	Count	Country		Certificate of Status Desired	K)	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. N	ame and Address of New Re	gistered	Agent		
					Name KELLEY, Eugene F.						
VERKYK, ROBERT J					Street Address (P.O. Box Number is Not Acceptable)						
		SON AVENUE									
IAMP	A FL 3361	1		ļ		5440 We	st Tyson Avenue				
		Λ			City	Татра		FL	Zip Cgd	8 611	
8. The above r	named exitit	submits this statement	fr the purpose of changing its	registere	d office or	registered age	ent, or both, in the State of Flori	da.	·····•		
	4	in half	#	-					1 /00		
SIGNATURE _	- W	more	Mugene F.					DATE	1/00		
!	Signature, typed	or profited name of registered ager	at and title if applicable. (NOT	E: Registered	Agent signatu	re required when re	instating)	DAIE			
9. This corpor Tax filling re (See criteri	equirement a	role to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sto			50.00	10. Election Campaign Fina Trust Fund Contribution.			May Be to Fees	
11.		OFFICERS AND	D DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AN	DIRECTOR	S IN 11	
TITLE	PDC		☑ Delete	TITLE		P			☐ Change	X Addition	
NAME		Robert J		NAME			EUGENE F.				
STREET ADDRESS		ST TYSON AVE			T ADORESS	5440 WE	ST TYSON AVE FL 33611				
CITY-ST-ZIP	TAMPA F	L 33611			ST-ZIP		TH 55011			Addition	
TITLE	BOLLES,	IOHN I	Delete	TITLE		V BOLLES	JOHN L.		(X) Change		
NAME STREET ADDRESS		YSON AVENUE			T ADDRESS .		ST TYSON AVE				
CITY-ST-ZIP	TAMPA F	,			ST-ZIP	TAMPA,					
TITLE	S		□ Delete	TITLE	_	V/AS			X) Change	☐ Addition	
NAME	YAKSH, J			NAME	.	YAKSH,	JOHN A.				
STREET ADDRESS	5440 W 1	YSON AVENUE		STRE	et address	5440 WE	ST TYSON AVE				

2000 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP **TAMPA FL 33611** 🔀 Addition ☐ Change X Delete TITLE TITLE CLUM, FRED NAME OUTGER, BARON J NAME 5440 WEST TYSON AVE STREET ADDRESS 5440 W TYSON AVENUE STREET ADDRESS TAMPA, FL 33611 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33611** 🔼 Addition ☐ Change X Delete TITLE TITLE DEN TUINDER, SIMON LANGBROEK, DIK NAME NAME 5440 WEST TYSON AVE STREET ADDRESS STREET ADDRESS 5440 WEST TYSON AVENUE TAMPA, FL 33611 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33611** CEO/D ☐ Change 🔼 Addition TITLE X Delete TITLE KLAP, CORNELIUS J LYNN, SCOTT S. NAME NAME 5440 WEST TYSON AVE STREET ADDRESS STREET ADDRESS 5440 W TYSON AVE TAMPA, FL 33611 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33611

13. I hereby certify that the information supplied with this filling 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 beport 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 employeered.

SIGNATURE:

Fugene F. Kelley, President D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

(813) 839-8441

Davime Phone *