2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 23, 2003 8:00 am **Secretary of State DOCUMENT # N12763** 01-23-2003 90156 006 ****61.25 MARINE INDUSTRIES ASSOCIATION OF PALM BEACH COUN TY. INC. Principal Place of Business Mailing Address 13205 US HWY ONE P.O. BOX 7597 SUITE 531 WEST PALM BEACH FL 33405 JUNO BEACH FL 33408 IIS 2. Principal Place of Business 3. Mailing Address 349 (branada Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2834931 Not Applicable Zip 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 PRUITT, ALISON Street Address (P.O. Box Number is Not Acceptable) **EXECUTIVE DIRECTOR** 349 GRANADA ROAD WEST PALM BEACH FL 33401 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 agen SIGNATURE i**v**applicable Signature, typed or printed i (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD TITLE ☐ Delete TITLE Change ☐ Addition DANIELLO, LOU, NAME 10456 RIVERSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL CITY-ST-ZIP PPD Delete Delete TITLE Change Addition Murray, Josh MURRAY, JOSH NAME 505 S. Flagler Drive, #1450 West Palm Beach, FL 33401 98 LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH SHORES FL CITY-ST-ZIP TITLE Delete TITLE ... ☐ Addition Martin P.O. Box 3151 MURPHY, MARTIN NAME NAME CRACKER BOY BOAT WORKS STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33402 CITY-ST-ZIP WEST PALM BEACH FL 33404 CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition ISIMINGER, CHARLES NAME NAME STREET ADDRESS 649 US HWY 1, STE #9 STREET ADDRESS CITY-ST-ZIP N PALM BEACH FL 33408 CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME

12. 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 any 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all otiper like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

561.832.844

FILED