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≼ుండ Uniform Business Report (UBR)

May 10, 2001 8:00 am Secretary of State DOCUMENT # N9600005346 1. Entity Name 05-10-2001 90151 018 ****61.25 SOUTHWEST FLORIDA MARINE TRADE FOUNDATION, INC. Principal Place of Business Mailing Address P.O. BOX 458 1505 S.E. 40TH STREET ~ ~ ~ I U L CAPE CORAL FL 33910 SUITE B CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business 2254 Edwards Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Fort Myers, FLNot Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 33901 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MEYER, BARBARA 5301 MAJESTIC CT CAPE CORAL FL 33904 Citv 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 🔀 Delete Addition TITLE INGLE, LOU NAME NAME FRICK, CLINT STREET ADDRESS 1423 SE 10TH ST STREET ADDRESS 1661 Estero Blvd #22 CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-ZIP Fort Myers Beach, FL 33931 STG Delete TITLE ☐ Change ☐ Addition TITLE MILLER, VIVIAN NAME NAME STREET ADDRESS 1506 SE 46TH ST STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-7IP X Delete K Change ☐ Addition TITLE TITLE SIMMS, DAVE HANSEN, MATT NAME NAME 15065 MCGREGOR BLVD., SUITE 104 STREET ADDRESS STREET ADDRESS 2500 Main Street CITY-ST-ZIP CITY-ST-7IP FORT MYERS FL 33908 Fort Myers Beach, FL 33931 Addition ☐ Delete TITLE TITLE Change MARSHALL, BARRY NAME NAME 14070 MCGREGOR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP FORT MYERS FL 33919 ☐ Delete ☐ Change ☐ Addition TITLE TITLE RILEY, PAT NAME NAME STREET ADDRESS STREET ADDRESS 2100 W FIRST ST CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33901 D ☐ Delete TITLE ☐ Change Addition TITLE SIBBALD, STEVE NAME NAME STREET ADDRESS STREET ADDRESS % 2211 N. TAMIAMI TRAIL CITY-ST-ZIP N. FT MYERS FL 33903 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 and that my signature shall have the same legal effect as if made under eath; 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 other like empowered.

SIGNATURE: Milliam Miller Wisham Miller 4/28/01 941-573-9950