2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P00000028180 1. Entity Name C. HUNTRESS MARINE II. INC. 4-27-2001 90224 041 ***150.00 82 Principal Place of Business Mailing Address 606 BOSTON AVE. 606 BOSTON AVE. FT. PIERCE FL 34950 FT. PIERCE FL 34950 2. Principal Place of Business 3. Mailing Address 1800 N. US HWY 1 1800 N.US HWY 1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State FORT PIERCE 4. FEI Number 65-0998724 City & State FORT PIERCE Applied For FLNot Applicable Zip 34950 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34950 USA USA Fee Required 6: Name and Address of Current Registered Agent ____7. Name and Address of New Registered Agent Name PAXTON, NORMAN L JR ESQ Street Address (P.O. Box Number is Not Acceptable) 606 BOSTON AVE. FT. PIERCE FL 34950 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PRESIDENT: Delete TITLE TITLE NAME BAGNALL, IAN NAME BAGNALL, IAN STREET ADDRESS STREET ADDRESS 2319 KOSCIUSZKO STREET 1303 CHESTNUT ST. CITY-ST-ZIP CITY-ST-ZIP SAGINAW MI 48602 BAY CITY MI 48708 ☐ Delete Change Addition TITI F TITLE SECRETARY/TREASURER NAME NAME IALL ANN KOSCIUSZKO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAY CITY MI 48708 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frue 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:

IAN J. BAGNALL

SIGNING OFFICER OR DIRECTOR

JA T.T.

04/20/2001

(989) 891-058

Daytime Pho