2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am DOCUMENT # P00000028453 Secretary of State KEY LIME BOATS, INC. 05-11-2001 90033 006 ***150.00 Principal Place of Business Mailing Address 18400 S.W. 256 ST. 18400 S.W. 256 ST. HOMESTEAD FL 33090 HOMESTEAD FL 33090 2. Principal Place of Business 3. Mailing Address P.O. BOX 900160 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State HOMESTEAD, FL 4. FEI Number 65 - 1011798 City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33090-0160 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER MIAMI FL 33131 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registerod Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P/D TITLE TITLE X Change Addition ☐ Delete BROOKS, N.P. SR NAME NAME STREET ADDRESS 18400 S.W. 256 ST. STREET ADDRESS HOMESTEAD, FL 33031 CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33090 ☐ Delete TITLE Addition WHERLING, CRAIG 18400 S.W. 256 St. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAN, FL 33031 Addition Delete TITLE Change TITLE NUTTER, NAMY NAME NAME 18400 S.W. 256 St. STREET ADDRESS STREET ADDRESS HOMESTERO, FL 33031 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 the empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

N.P. Brooks

41-25-01

305-247-3544

Date

Daytime Phone #