2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 18, 2001 8:00 am Secretary of State DOCUMENT # P0000028553 1. Entity Name 04-24-2001 90010 043 ***150.00 MARINE ARC, INC. Principal Place of Business Mailing Address 11440 66TH STREET NORTH 11440 66TH STREET NORTH LARGO FL 33773 LARGO FL 33773 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Numbe x Not Applicable Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VANCE-MURRY A-Street Address (P.O. Box Number is Not Acceptable) 11440 66TH STREET NORTH LARGO FL 33773 City Zio 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. Murry A. Vance, President 4/17/01 SIGNATURE . (NOTE: Registered Agent algorithm required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. ■ Addition CR2E034 (10/00) ☐ Change TITLE P ☐ Delete TITLE Murry A. Vance NAME NAME STREET ADDRESS STREET ADDRESS 11440 66th Street North CITY-ST-ZIP CITY-ST-ZIP Largo. FL 33773 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP ☐ Addition ☐ Celete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE Change ☐ Addition 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 true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

NG OFFICER OR DIRECTOR

4/24

Murry A. Vance, President, 4/17/01

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