FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90034 045 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036443

1. Entity Name

FARR MARINE SERVICES, INC

DO NOT WRITE IN THIS SPACE

B0061554

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o ProSavvy, Inc	c/o ProSavvy, Inc.
Suite, Apt. #, etc: 9900 W. Sample Rd, 3rd. FL	Suite, Apt. #, etc: 9900 W. Sample Rd, 3rd FL
City & State: Coral Springs, Fl	City & State: Coral Springs, Fl
Zip: 33065 Country: U.S.A.	Zip: 33065 Country: U.S.A.

4. FEI Number 65-0998533 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: William J. Farr
Street Address (P.O. Box Number is Not Acceptable): c/o ProSavvy, Inc
9900 W. Sample Rd, 3rd. FL.
City: Coral Springs **FL** Zip Code 33065

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] William J. Farr 3/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D, P, V, T, S	TITLE	
NAME	William J. Farr	NAME	
STREET ADDRESS	c/o ProSavvy, Inc 9900 W. Sample Rd 3rd. Fl	STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, Fl 33065	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] William J. Farr 3/28/02 954 288 2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #