2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am g Secretary of State DOCUMENT # P00000046705 1. Entity Name 03-14-2002 90018 049 ***158.75 TUG III, INC. Principal Place of Business Mailing Address 3230 SOUTH SHORE DRIVE, UNIT 36A 3230 SOUTH SHORE DRIVE, UNIT 36A **BURNT STORE MARINA** BURNT STORE MARINA **PUNTA GORDA FL 33955** PUNTA GORDA FL 33955 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 Number 52-2238953 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REILLY, GERALD Street Address (P.O. Box Number is Not Acceptable) 3230 SOUTH SHORE DRIVE, UNIT 36A **BURNT STORE MARINA PUNTA GORDA FL 33955** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 1 9. This corporation is elicible to satisfy its Intancible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. CR2E034 (9/01) ☐ Delete ☐ Addition TITLE TITLE PSTD NAME REILLY, GERALD NAME STREET ADDRESS STREET ADDRESS 3230 SOUTH SHORE DRIVE, UNIT 36A CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33955 ☐ Delete Change ☐ Addition 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 Change TITLE ☐ Delete TITLE ☐ 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 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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

GERKO REILLY

Daytime Phone #

SIGNATURE: