02/20/2002 05:36 9048254167 INTERMARINE PAGE 02

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FILED
02 APR -5 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058993

1. Entity Name
INTERMARINE.NET, INC. ✓

Principal Place of Business
5353 ARLINGTON EXPRESSWAY, #203
JACKSONVILLE FL 32211

Mailing Address
5353 ARLINGTON EXPRESSWAY, #203
JACKSONVILLE FL 32211

REINSTATEMENT 01-02

2. Principal Place of Business	3. Mailing Address PMB323 1835 US1 SOUTH #119
Suite, Apt. #, etc	Suite, Apt. #, etc. ST. AUGUSTINE
City & State	City & State FLORIDA
Zip / Country	Zip 32084 / Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent
HAYDEN, CAL***E ESQ.
SUITE 13** 400 W. FORSYTH ST.
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
Name WALTER S. MILLSAPS, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 200 EAST FORSYTH STREET
City JACKSONVILLE FL Zip Code 32202

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 See Signature on Attached Page
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) ☐

FILE NOW!!! FEE IS $150.00
After September 12, 2001 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANDERBOL, JOHN STEPHEN III 284 ISLAND GREEN DR. ST. AUGUSTINE FL 32092 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBERLAIN, BURTON G 13010 COUNTY RD. 13 NORTH ST. AUGUSTINE FL 32092 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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750.00

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 like empowered.

SIGNATURE: [signature] BURTON G. CHAMBERLAIN 1-3-02 (904) 808-0715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SP

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent) 3/11/02 (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314