2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000066143 SOUTHERN OCEAN YACHT SALES INC. 04-30-2001 90057 021 ***150.00 Principal Place of Business Mailing Address 2336 TANGERINE DRIVE 2336 TANGERINE DRIVE SARASOTA FL 34239 SARASOTA FL 34239 2000 South Dixie Hwy DO NOT WRITE IN THIS SPACE Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AGENT MCGETRICK, DONALD M **-2330 TANCERINE DRIVE** SARASOTA FL 34239 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 9. This corporation is eligible to satisfy its Intangible 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 12. ☐ Delete TITLE MCGETRICK, DONALD M TIMOTHY HORKINGS NAME STREET ADDRESS 2336 TANGERINE DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP DARTHOUTH, MA. 02748 ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY - ST - ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change [7] Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY - ST - ZIF TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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, Fiorida Statutes; and that my name appears in Block 11 or Block 12 if

DONALD M. MEGETRICK

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED