2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am Secretary of State DOCUMENT # P0000067208 1. Entity Name 05-02-2001 90027 030 ***158.75 D & S MOBILE MARINE, INCORPORATED Mailing Address Principal Place of Business 2321 20TH AVE W 2321 20TH AVE W **BRADENTON FL 34205** BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address 4968 10955 BRISTOL BAY DR P.O. BOX DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. APT. Applied For City & State City & State 4. FEI Number Not Applicable BRADENTON ARADENTON Country \$8.75 Additional 5. Certificate of Status Desired U.5 Fee Required 342.09 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SWANICK, DARRYL M Street Address (P.O. Box Number is Not Acceptable) 2321 20TH AVE W **BRADENTON FL 34205** 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President DAMYL M. SWANICK CR2E034 (10/00) ☐ Addition TITLE TITLE 10955 Bristol BAY Dr. Apt 107 NAME NAME STREET ADDRESS STREET ADDRESS BradenTON FL 34209 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 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 changed, or on an attachment with an address, with all other like empowered.

FILED