2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000072144 BAYSIDE CONSTRUCTION OF NW FLORIDA. INC. 04-25-2001 90024 004 ***150.00 Marine Construction, Inc. Principal Place of Business Mailing Address 4069 TONBRIDGE CIRCLE 4069 TONBRIDGE CIRCLE PENSACOAL FL 32514 PENSACOAL FL 32514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number sacola. Not Applicable Zin Zip \$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 SMITH, JOSEPH W IV Street Address (P.O. Box Number is Not Acceptable) 4069 TONBRIDGE CIRCLE PENSACOAL FL 32514 Zip Code Eusucola 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Adaltion SMITH, JOSEPH W IV NAME **4069 TONBRIDGE CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-2IP PENSACOAL FL 32514 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | GORNALL, RICHARD M NAME NAME 2170 BUMPY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CANTONMENT FL 32533 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ 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 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP 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

CR2E034 (10/00)