FILED
Jun 16, 2002 8:00 am
Secretary of State

05-07-2002 90220 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000113751

1. Entity Name
Pristine Marine

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1436 SW 109 Way Suite, Apt. #, etc.
City & State	City & State Davie FL
Zip / Country	Zip 33324 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1068284 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Bryan S. Akers

Street Address (P.O. Box Number is Not Acceptable)
1436 SW 109 Way

City: Davie FL Zip Code: 33324

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 _____ DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1 Fee is $400.00
Amended UBR is $61.25
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

TITLE: President NAME: Bryan S. Akers STREET ADDRESS: 1436 SW 109 Way CITY-ST-ZIP: Davie FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Vice President NAME: Corine Akers STREET ADDRESS: 1436 SW 109 Way CITY-ST-ZIP: Davie FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-23-02 401 419 4136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #