## 3, 2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P01000002168 OLDE NAPLES BOAT COMPANY 03-30-2001 90316 040 \*\*\*150.00 Principal Place of Business Mailing Address 1187 BTH ST. S. 1187 8TH ST. S. NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 5936877 Not Applicable Zip Country Country \$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 Schechinge RICHMAN, KENNETH W JR Street Address (P.O. Box Number is Not Acceptable) 2640 GOLDEN GATE PARKWAY, #206 SEDGWICK NAPLES FL 34105 Zip Code City 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 ESIDANI SIGNATURE. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change TITLE Delete NAME NAME SCHECHINGER, JOHN R STREET ADDRESS STREET ADDRESS 1187 8TH ST. S. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 Delete TITLE ☐ Change Addition TILE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Delete TITLE ☐ Change ☐ Addition NAMÈ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 protection of the corporation of the receiver of trustee empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

MAME

Delete

CITY-ST-ZIP

STREET ADORESS

CITY-ST-7IP

TITLE

NAME

SCHECKINGER 3-28-01 941-403-2 SIGNATURE: (

☐ Change

☐ Addition