2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000005783 05-06-2003 90050 018 \*\*\*150.00 1. Entity Name ATLANTIS MARINE TOWING, INC. Principal Place of Business Mailing Address 5730 SOUTH WEST 74 STREET, SUITE 700 5730 SOUTH WEST 74 STREET, SUITE 700 MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. 8, etc. Suite. Ant. #. etc. THE CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0277651 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Foo Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRY, JAMES H 2. 6730 SOUTH WEST 74 STREET, SUITE 700 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33143 Zip Code a. 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, I am familiar with, and accept the obligations of registered agent. Signature, typical or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 1MF ☐ Delete TITLE ☐ Addition ☐ Change NAME KORPELA, STUART P.O. BOX 1655 DINNER KEY MARINA STREET ADDRESS STREET ADDRESS MIAMI, FL 33133 CITY-51-2P CITY-ST-7/P TITLE ☐ Delete TILE Change ■ Addition KORPELA, BURT NAME NAME P.O. BOX 1655 DINNER KEY MARINA STREET ADDRESS STREET ADDRESS MIAMI, FL 33133 City-st-79 City-st-7th TITLE ST TITE # Addition | ☐ Delete ☐ Change KORPELA, STELLA MAKE NALE STREET ADDRESS P.O. BOX 1666 DINNER KEY MARINA STREET ADDRESS CITY-ST-ZP MIAMI, FL 33133 COY-ST-7IP 1m F 1016 ☐ Delete ☐ Change ☐ Addition NAME NA14F STREET ADDRESS STREET ADDRESS City-S1-2P CffY-51-21P TITLE ☐ Delete TITLE ☐ Change Addition MAKE MALAS STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE 🛄 Delete TITLE Change Addition

12. 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 cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MALE

STREET ADDRESS

CITY-51-21P

NAME

STREET ADDRESS

CITY-ST-ZP

STUART E KORPELA MAY 1,2003 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 06, 2003 8:00 am Secretary of State