2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Apr 14, 2003 8:00 am Secretary of State P01000073289 **DOCUMENT #** 1. Entity Name 04-14-2003 90947 032 ***150.00 G.P. ELECTRIC & MARINE, INC. Principal Place of Business Mailing Address 217 HYPA-OT 39.70 Demery Dr. E. PO BOX 16952 NEPTUNE BOH FL 82266 Jacksonville FL JACKSONVILLE FL 32245-6952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3736832 Not Applicable Zip Country Zip 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 POWELL, GREGORY Street Address (P.O. Box Number is Not Acceptable) 217 MYRAST 3970 Demery Dr East NEPTUNE BOH FL 32200 VacKsonville FL 32250 City 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. I am familiar with, and accept Gregory FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 JULE TITLE Delete Addition POWELL, GREGORY A NAME, NAME 217 MYRA ST 3970 Demery Dr E. STREET ADDRESS STREET ADDRESS NEPTUNE BCH FL 32266 Jacksonville FL 32750 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME POWELL, GREGORY A NAME 217 MYRA ST 3970 Denery Dr E. STREET ADDRESS STREET ADDRESS City St-zip NEPTUNE BOHFL 32266 Jacksonville FL 32250 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITL F Delete TITLE ☐ Change ☐ Addition NAME NAME CIRFET ADDRES STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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