2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # P01000098305

1. Entity Name

SIGNATURE

CHRISTIANO MARINE SURVEYORS, INC.



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90849 019 ***150.00

Principal Place of Business Mailing Address 10209 NORTHWEST-12TH COURT C/O GRUBER AND ASSOCIATES, P.A. SUNRISE_FL_33323-2937 1650 SOUTHEAST 17TH STREET, #301-FORT LAUDERDALE FL 33316-1739 3. Mailing Address ENUE Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 1550 North Federal HighWay Suite 522 Applied For 65-1146966 Not Applicable \$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 CHRISTIANO, CHARLES & _13209 NORTHWEST 12TH COUR FORT LAUDERDALE FL 33323-2937 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition NAME CHRISTIANO, CHARLES L. NAME Northeast Thips STREET ADDRESS 13200 NW 12TH COURT-STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323-2997 CITY-ST-ZIP TITLE ☐ Delete TITLE 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 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 ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CIT4-ST-ZIP CITY-ST-ZIP 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 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