

FILED  
Apr 29, 2003 8:00 am  
Secretary of State

04-29-2003 90069 046 \*\*\*150.00

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000021081</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                |
| 1. Entry Name<br><b>AMBERJACK MARINE CONSTRUCTION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                                                                                                 |
| Principal Place of Business<br>6308 PANTHER LANE #N5<br>FORT MYERS, FL 33919                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Mailing Address<br>6308 PANTHER LANE #N5<br>FORT MYERS, FL 33919                                                                                                                                                |
| 2. Principal Place of Business<br>2214 SW 13th Ave<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | 3. Mailing Address<br>2214 SW 13th Ave<br>Suite, Apt. #, etc.                                                                                                                                                   |
| City & State<br>Cape Coral, FL<br>Zip<br>33991<br>Country<br>Lee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 4. FEI Number<br>42-1530385<br>Applied For<br>Not Applicable                                                                                                                                                    |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES                                                                                                                                                |
| 6. Name and Address of Current Registered Agent<br>PALMER, TRAVIS S<br>6308 PANTHER LANE #N5<br>FORT MYERS, FL 33919                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>2214 SW 13th Avenue<br>City<br>Cape Coral FL Zip Code<br>33991                                     |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and 100 T applicable. (NOTE: Registered Agent Signature required when changing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D - President<br>PALMER, TRAVIS S<br>6308 PANTHER LANE #N5<br>FORT MYERS, FL 33919<br>Change address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D - VP<br>Rhonda G. Palmer<br>2214 SW 13th Avenue<br>Cape Coral, FL 33991<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>2214 SW 13th Ave<br>Cape Coral, FL 33991                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D - Secretary<br>Daniel A. Palmer<br>2214 SW 13th Ave<br>Cape Coral, FL 33991<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |                                 |                                                                                                                                                                                                                 |
| SIGNATURE: <u>Travis S Palmer</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Date<br>4/25/03 239 242-0625<br><small>Daytime Phone #</small>                                                                                                                                                  |

10090854



CFR2034 (10/02)