2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000028187 DOCUMENT # 05-05-2003 90702 027 ***150.00 1. Entity Name DCH MARINE INC. Principal Place of Business Mailing Address 11037124 141 PADDINGTON RD. 141 PADDINGTON RD. VENICE FL 34293 VENICE FL 34293 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 Not Applicable 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 Name HUNTER, DONALD C Street Address (P.O. Box Number is Not Acceptable) 141 PADDINGTON RD. VENICE FL 34293 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 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) DATE 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 Chake Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition HUNTER, DONALD C NAME NAME STREET ADDRESS 141 PADDINGTON RD. STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HUNTER, SUZANNE M NAME NAME 141 PADDINGTON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-7IP TITLE-☐ Delete TITLE ☐ Change Addition HUNTER, SUZANNE M NAME NAME STREET ADDRESS 141 PADDINGTON RD. STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition HUNTER, DONALD C NAME NAME 141 PADDINGTON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP