## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) SECRETARY OF STATE DIVISION OF CORPORATIONS FILED DOCUMENT # P02000038427 1. Entity Name MARINE COLLAGEN, INC. 03 JUN 27 PH 3: 56 Principal Place of Business Mailing Address 1673 W. PAUL DIRAC DR. 1673 W. PAUL DIRAC DR. TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 2. Principal Place of Busines 3. Malling Address ☐ CHECK HERE IF MAKING CHANGES NUMMA Applied For City & State 4. FEI Number Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registere Name HALL, MIKE 202 GRAND ISLAND BLVD. Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BCH, FL 32407 City Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOWIN FEE IS \$150,00 After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CRZE034 (10/02) Addition Delete TITLE TITLE DEBUSK, A.G.B. NAMÉ NAMÊ 1673 W. PAUL DIRAC DR. STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32310 CITY-ST-21P City-St-2P VD TITLE ■ Addition Delete TITLE NAMÉ HALL, MIKE NAME 202 GRAND ISLAND DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BCH, FL 32407 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P MAddition ☐ Change TITLE ☐ Delete TITLE NAME NAMÉ 900021182159 STREET ADDRESS STREET ADDRESS 08/30/03---01007---001 \*\*61.25 CITY-53-7P COY-ST-ZIP TITLE ☐ Delete TITLE 🔲 Change Addition NAME NAMÉ 500021182159 STREET ADDRESS STREET ADDRESS 06/30/03--01008--001 \*\*88.75 CRY-ST-ZIP C/IY-SI-2P TITLE ☐ Delete 1ffLE ☐ Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

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6-27-03

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Mike Han

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