2003 FOR PROFIT CORPORATION

Aug 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000092677 DOCUMENT # 1. Entity Name 08-25-2003 90099 004 ***150.00 BLACK MARLIN ELECTRIC CO. INC. Principal Place of Business Mailing Address 7290 NW 1 ST 7290 NW 1 ST PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLACK, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 7290 NW 1 ST PEMBROKE PINES FL 33024 Zip Code 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. SIGNATUR DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME BLACK, ROBERT E NAME STREET ADDRESS 7290 NW 1 ST STREET ADDRESS CITY-ST-7/P PEMBROKE PINES FL 33024 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME BLACK, VIRGINIA "GAIL NAME STREET ADDRESS STREET ADDRESS 7290 NW 1 ST CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 Change --- -- Addition ☐ Delete TITLE JULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME 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 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-71P

TITLE

NAME

Change

☐ Addition

FILED

Attachment

\$0140997 #P02000092677

July 21, 2003

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

To Whom it Concern:

I am writing in reference to a 60 day notice that my corporation will be administratively dissolved/revoked. A \$600.00 fee will be required for reinstatement if the 2003 Uniform Business Report is not properly filed.

In reviewing the corporation files I see that no other notice for a 2003 Uniform Business Report was found. Therefore, I am requesting that the late fee be waived and you accept my check for \$ 150.00 along with the completed form.

Sincerely,

Vice President, Secretary

√irgina Gail Black

Black Marlin Electric Co., Inc.

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