2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # P36450** 1. Entity Name RED DOG MARINE, INC. 04-17-2001 90036 021 ***150.00 Mailing Address Principal Place of Business 55 RIVER DRIVE 55 RIVER DRIVE TEQUESTA FL 33469 TEQUESTA FL 33469 MUU4JJOU 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0201232 Not Applicable Zip Country \$8.75 Additional Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WESTHOFF, THOMAS F. Street Address (P.O. Box Number is Not Acceptable) **55 RIVER DRIVE TEQUESTA FL 33469** Zip Code City FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11.1 ☐ Addition ☐ Change Delete TITLE TITLE WESTHOFF, THOMAS F. NAME NAMÉ STREET ADDRESS **55 RIVER DRIVE** STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TEQUESTA FL ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change Addition ☐ Delete TIT) F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 11 or Block 12 if

ent with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Province Property Propert SIGNATURE: 4

changed, or on an attack