2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P9200003777 DOCTORS LAKE MARINA, INC. 01-25-2001 90227 032 ***150.00 Principal Place of Business Mailing Address 3108 US 17 SOUTH 3108 US 17 SO ORANGE PARK FL 32073 ORANGE PARK FL 32073 903269 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 59-3152950 Not Applicable Zip Zip Country 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 HAMILTON, WILLIAM A III Street Address (P.O. Box Number is Not Acceptable) **4729 US HIGHWAY 17 ORANGE PARK FL 32073** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **VPSD** Change ☐ Addition TITLE ☐ Delete TITLE YONCE PHILLIP D 2101 ASTOR ST CAPRI 49 YONGE, PHILLIP D NAME NAME 2201 ASTOR ST CAPRI #9 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORANGE PARK FL ORANGE PARK FL. 32003 ☐ Addition TITLE ☐ Delete ARAMOONIE, EMIL S NAME NAME STREET ADDRESS 7203 SAN PEDRO DRIVE STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP STD Change ☐ Addition TITLE Delete TITLE LAMPE D.L. LAMPE, D.L. - --NAME NAME 2216 TIVELI LANE STREET ADDRESS 2216 TIVOLI LANE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP TACKSONVILLE TO 32259 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 inclicated 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 changed, or on an attachment with an address, with all others like empowered.

ING OFFICER OR DIRECTOR