## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am Secretary of State P92000010743 DOCUMENT # 1. Entity Name ALLIED MARINE GROUP, INC. 01-30-2002 90081 048 \*\*\*150.00 Principal Place of Business Mailing Address 401 SW 1ST AVE 110 NORTH DIXIE HWY FT LAUDERDALE FL 33301 STUART FL 34994 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 65-0393878 Not Applicable Zip Zip Country 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 WAXLER, CAROL S Street Address (P.O. Box Number is Not Acceptable) THE ALLIED MARINE GROUP 110 NORTH DIXIE HIGHWAY STUART FL 34994 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CEOD ☐ Delete TITLE Change Addition JOUSMA, GEORGE L NAME NAME STREET ADDRESS 1445 S.E. 16TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP PCOD X Delete TITLE P/COO/D Change X Addition NAME PASCA, ANTHONY A JR. NAME BURKARD, JON STREET ADDRESS STREET ADDRESS 1445 S.E. 16TH STREET 110 North Dixie Highway CITY-ST-ZIP FT LAUDERDALE FL 33316 CITY-ST-ZIP Stuart, FL 34994 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WAXLER, CAROL S NAME STREET ADDRESS 110 N. DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 indicated on this report or suppremental 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 of 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 other like encowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAXLER

SIGNATURE:

CAROL S.

Daytime Phone #

FILED