2003 FOR PROFIT CORPORATION

Jan 24, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P93000000860 DOCUMENT # 01-24-2003 90133 032 ***150.00 1. Entity Name DANIEL WEBSTER MARINE SERVICES, INC. Principal Place of Business Mailing Address 1622 SW 25TH ST 1622 SW 25TH ST. FT. LAUDERDALE FL 33315 STE 316 FT LADUERDAEL FL 33315 2. Principal Place of Business 3. Mailing Address 700 Sw. 8 TH 1700 S.W. 814 Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0378705 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEBSTER DAVIEL WEBSTER, DANIEL Street Address (P.O. Box Number is Not Acceptable) 1622 SW 25TH ST. FT LAUDERDALE FL 33315 700 S.W. 8TH AVE 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 DANIEL WEBSTER DIRCCTOR 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete WEBSTER DANIEL 1700 S.W. FRE AUE. WEBSTER, DANIEL NAME NAME 1622 SW 25TH ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITI F VΡ ☐ Delete TITLE Change ☐ Addition NAME WEBSTER, SHANNON P NAME 1622 SW 25TH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33315 CITY-ST-ZIP ☐ Addition. TITLE Dalate :TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

address, with all other like empowered. changed, or on an attachment with SIGNATURE: S SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 eath; 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

FILED