FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2001 8:00 am DOCUMENT # P93000032917 **Secretary of State** MARINE PROPULSION CORPORATION 02-05-2001 90034 002 ***150.00 Principal Place of Business Mailing Address 3000 W SR 84 3000 W SR 84 FT LADUERDALE FL 33312 FT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address 2990 STATE ROAD 84 2990 STATE ROAD 84 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0407949 FT. LAUDERDALE , FL FT. LAUDERDALE, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33312 33312 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERHART, BILL R Street Address (P.O. Box Number is Not Acceptable) 775 TAYLOR LN 2990 STATE ROAD 84 DANIA FL 33004 City Zip Code FT. LAUDERDALE 33312 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 Tax filing requirement and elects to do so. After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE PRESIDENT 3R2E034 (10/00) COONEY, ANDREW C NAME NAME 2990 STATE ROAD 84 3000 W SR 84 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL C!TY-ST-ZIP CITY-ST-ZIP SECRETARY TITLE ☐ Addition ☐ Delete TITLE GERHART, BILL R NAME NAME 2990 STATE ROAD 84 775 TAYLOR LN STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33312 CITY-ST-ZIP DANIA FL 33004 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete 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 TITLE Delete TITLE ☐ Change Addition

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE BILL GERHART

MENATURE AND THEO OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

1/31/01

954-791-2240

Daytime Phone #