2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 14, 2001 8:00 am Secretary of State DOCUMENT # P93000038172 Lake Seminole Marine, Inc 03-14-2001 90011 004 ***150.00 Mailing Address Principal Place of Business 6811 Heron Lane Hudson, FL 34667. 2. Principal Place of Business 2621 US Hwy 19 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number FL Not Applicable Holidan Country Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Ford, Brian Street Address (P.O. Box Number is Not Acceptable) 6811 Heron Lane Hudson FL 34667 Zip Code 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. 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE Ford, Brian NAME NAME STREET ADDRESS STREET ADDRESS 6811 Heron Lane CITY-ST-ZIP CITY-ST-ZIP Hudson, FL 34667 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 pame appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.