## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P93000039535 MARINE BUILDING, INC. 01-25-2000 90092 005 \*\*\*150.00 Principal Place of Business Mailing Address 69 53RD ST., OCEAN P.O. BOX 500097 MARATHON FL 33050 MARATHON FL 33050-0097 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0414446 Nột A. . . . . Country Zip 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 CONLIN. JOHN W Street Address (P.O. Box Number is Not Acceptable) 63 53RD ST., OCEAN MARATHON FL 33050 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. **SIGNATURE** DATE 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, 2000 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 OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD PD Change ☐ Additior TITLE TITLE Delete LEWIS, JAMES F NAME NAME DANIELS, JANE STREET ADDRESS STREET ADDRESS 7616 GULFSTREAM BLVD. 2341 SOMBRERO BLVD. CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 MARATHON, FL 33050 Change **VPTD** ☐ Delete ☐ Addition TITLE NAME DAVIS, RODERICK STREET ADDRESS STREET ADDRESS 7610 GULFSTREAM BLVD. CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 Change Addition TITLE ☐ Delete NAME CONLIN, JOHN W.: ` NAME STREET ADDRESS STREET ADDRESS 63 53RD ST., OCEAN CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 Delete Change ☐ Addition TITLE TITLE NAME VANDERSTERRE, JOHN NAME STREET ADDRESS STREET ADDRESS 1515 SOMBRERO BLVD, UNIT B-2 COBIA POINT CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 Change Addition TITLE ☐ Delete TITLE NAME NAME ALLISON, JOHN W STREET ADDRESS STREET ADDRESS C/O CAPITOL BUYERS, INC. P.O. BOX 1089 N/A CITY-ST-ZIP CITY-ST-7IP CONWAY AR 72032-1089 ☐ Change ☐ Addition TITLE n Delete TITLE FISHER, JOSEPH V NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 420777 N/A CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY FL 33042-0777

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 leport 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 a faddress, with all other like empowered.

SIGNATURE:

SCHADURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN W. CONLIN

7 Om Bd 30 5 793 7.8.83

Date Daytime Phone #

FILED