2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCÜMENT # P93000066966 1. Entity Name CHESTER INVESTMENTS, INC. 04-24-2001 90338 020 ***158.75 Mailing Address Principal Place of Business P.O. BOX 165525 2051 SE 35TH STREET FORT LAUDERDALE FL 33316 PORT EVERGLADES FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address P. O. Box 21647 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0454568 Ft. Lauderdale, Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33335 Broward 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Britt K. Chester MARINE CARGO MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 2051 SE 35TH STREET-PO BOX 165525 PORT EVERGLADES 2051 SE 35th Street FORT LAUDERDALE FL 33316 Lauderdale 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. Britt K. Chester 1/16/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regis 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME CHESTER, JEREMY STREET ADDRESS STREET ADDRESS 2051 SE 35TH ST.-PO BOX 165525 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Addition Change ☐ Delete TITLE TITLE NAME CHESTER, BRITT K NAME STREET ADDRESS 2051 SE 35TH ST.-PO BOX 165525 -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE 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-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 name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

(954) 331-2000

Daytime Phone #