2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

May 23, 2002 8:00 am Secretary of State P94000032796 DOCUMENT # 1. Entity Name 05-23-2002 90022 036 ***150.00 B & B MARINE ENTERPRISES, INC. Mailing Address Principal Place of Business 7879 HARDWOOD TRAIL 7879 HARDWOOD TRAIL ST. AUGUSTINE FL 32092 ST. AUGUSTINE FL 32092 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3236731 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUSH, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 7879 HARDWOOD TRAIL ST. AUGUSTINE FL 32092 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Change Delete TITLE PD TITLE 0 NAME BRUSH, LAURENCE I NAME STREET ADDRESS 7879 HARDWOOD TRAIL STREET ADDRESS CITY-ST-7IP ST. SUGUSTINE FL 32092 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE ۷D TITLE NAME BRUSH, SAMUEL P NAME STREET ADDRESS 7879 HARDWOOD TRAIL STREET ADDRESS CITY-ST-ZIP ST. SUGUSTINE FL 32092 CITY-ST-ZIP ☐ 'Change - - - - Addition' ☐ Delete ⊃ -TITLE TITLE Baillie, Susan NAME STREET ADDRESS 7879 HARDWOOD TRAIL STREET ADDRESS CITY-ST-ZIP ST. SUGUSTINE FL 32092 CITY-ST-ZIP ☐ 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-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 in the corporation or the corporation of the corporation

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