2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver

SIGNATURE:

FILED DOCUMENT # **P94000094235** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name OCEAN LADY FISHING, INC. 04-03-2000 90152 004 ***150.00 Principal Place of Business Mailing Address 2000 NEWFOUND HARBOR DRIVE 2000 NEWFOUND HARBOR DRIVE MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952-2841 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3314646 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KITTA, SR. EDWARD P. Street Address (P.O. Box Number is Not Acceptable) 2000 NEW FOUND HARBOR DR. MERRITT ISLAND FL 32952 Zip Code FL 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) DATE 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. Addition ☐ Delete TITLE KITTA, EDWARD P SR. NAME 2000 NEWFOUND HARBOR DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP 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 pry signature shall have the same legal effect as if made under oath; that I am an officer or director

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my signature shall have the same legal effect as if made under oath; that I am an officer or director as pequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if