FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P95000046632 TOP DAWG MARINE, INC. 04-04-2001 90014 041 ***150.00 Principal Place of Business Mailing Address 176 EAST 21ST STREET 176 EAST 21ST STREET RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address 821 10th Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Bayt City & State 4. FEI Number Applied For 65-0613404 Not Applicable Country 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 Name MCHALE, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) **301 CLEMATIS STREET** SUITE 200 WEST PALM BEACH FL 33401 City 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 057 R2E034 (10/00) TITLE ☐ Delete TITLE Ranisdell Linda) NAME RAMSDELL, LINDA J NAME 1821 10th St. W. Bay #1 176 EAST 21ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Riviera Beach F1 33404 CITY-ST-7IP **RIVIERA BEACH FL 33404** TITLE Change Addition ☐ Delete TITLE Ramsdell, Richard RAMSDELL, RICHARD NAME NAME 1821 101 h St. W. Bay#1 STREET ADDRESS STREET ADDRESS 176 EAST 21ST STREET Riviera Beach, Fl 33404 CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.