2001 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2001 8:00 am DOCUMENT # P95000068733 **Secretary of State** 06-20-2001 90004 028 ***150.00 ROY ROGERS MARINE DESIGN, INC. 07-10-2001 90015 001 ***400.00 07-10-2001 90015 002 *****8.75 Principal Place of Business Mailing Address 7671 S LAKESHORE DRIVE 7871 S LAKESHORE DRIVE 9527 US 190 COUNTY Rd. 296 CHILMAN, AL. 35057 SUDJEPOSE UZHIS US 190 COUNT Y RA 296 CULL MAN, AL . 35057 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3347328 Not Applicable 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 Name-ROGERS, ROY A 8211-00UTTSDEDRW 40 S. PINEAPPLE AVE. BRADENTON FL 34210 Suite 200 SARASOTA, FL. 34236 Street Address (P.O. Box Number is Not Acceptable) 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, 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS'AND DIRECTORS IN 11 11. CR2E034 (10/00) TETLE Change ☐ Delete TITLE ROGERS, ROY A NAME NAME 190 COUNTY Rd.296 CULLMAN, AL 35057 7671 S LAKESHORE DRIVE STREET ADORESS STREET ADDRESS SHREVEPORT LA 71119 CITY-ST-ZIP CITY-ST-ZIP Delete ROGERS, GWENELL M NAME NAME 190 COUNTY Rd. 296 CULLMAN, AL. 35057 7671 S LAKESHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHREVEPORT LA 71119 COY-ST-ZIP ☐ Addition ☐ Delete NAME MALE STREET AUDRESS STREET ADDRESS CITY-ST-7IP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Dalate TITLE ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE ☐ Addition Delete NAME 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. socres VIP. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED