2000 UNIFORM BUSINESS REPORT (UBR)

May 10, 2000 8:00 am Secretary of State DOCUMENT # P95000097212 05-10-2000 90133 001 ***150.00 LAKE MARINE CONSTRUCTION INC. Principal Place of Business Mailing Address P.O. BOX 6077 1208 VIA DELUNA GULF BREEZE FL 32561-6077 PENSACOLA BEACH FL 32561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0632490 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 👡 📖 🗀 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAKE, ERIC Street Address (P.O. Box Number is Not Acceptable) 5000 A GULF BREEZE PARKWAY **GULF BREEZE FL 32561** 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 (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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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. 12. ☐ Change Addition TITLE ☐ Delete TITLE NAME LAKE, ERIC STREET ADDRESS STREET ADDRESS 1208 VIA DE LUNA CITY-ST-ZIP CITY-ST-ZIP PENSACOLA BEACH FL 32561 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Change ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

850-932-957

Daytime Phone #

FILED