2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am DOCUMENT # P9600033467 Secretary of State 05-22-2001 90033 003 ***550.00 Marine Interest Group Inc. 1416 Piroque Court Pt Orange FL 1414 Piroque Court Pt Orange FL 659749 2. Principal Place of Business 3. Mailing Address West Highbar West Highbanks Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number <u> 159 - 320 1312</u> Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П 23413 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent McCornick, Dmith. Kobert Street Address (P.O. Box Number is Not Acceptable) Piroque Court Drange FL 32119 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!!! PEP 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete ☐ Change **Addition** TITLE TITLE McCormick, Scott 1416 Pirogue Court Robert NAME NAME Highbanks Disk STREET ADORESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-78 CITY-ST-ZIF ☐ Delete ☐ Addition TITLE TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZZP ☐ Delete Change ☐ Addition TMLE NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST. 7IP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZEP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 port 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 frustee 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. 407-668-7633 4-23-01 SIGNATURE: