2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 199600041993 Apr 28, 2000 8:00 am 1. Entity Name Secretary of State MARINE FUEL CLEANING, INC. 04-28-2000 90072 032 ***150.00 Principal Place of Business Mailing Address 2727 Lagoon Knoll Dr. P.O. Box 9181 Panama City, FL Panama City, FL 32417 ՍՈՈԺՈՐԹ US 2. Principal Place of Business 3. Mailing Address 2727 Lagoon Knoll Dr. P.O. Box 9181 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 9 City & State City & State 4. FEI Number Applied For Panama City, 32417 32417 FL59-3377954 Panama City, Not Applicable ^{Zip} 32417 Country US \$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 Jeffrey L. Smith Street Address (P.O. Box Number is Not Acceptable) 2727 Lagoon Knoll Dr. P.O. Box 9181 Panama City, FL 32417 City 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. 4-20-00 (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE □ Delete TITLE Addition NAME Smith, Jeffrey L STREET ADDRESS STREET ADDRESS P.O. Box 9181 Lagoon Knoll Dr CITY-ST-ZIP CITY-ST-ZIP Panama City, FL 32417 TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 eath; 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.

SIGNATURES