## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P96000045633 1. Entity Name SARAMANA MARINE, INC. 05-02-2001 90101 031 \*\*\*150.00 Principal Place of Business Mailing Address POB 905 6015 28TH ST E TALLEVAST FL 34270 US BRADENTON FL 34203 US 2. Principal Place of Business 6008 284554.E. 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0671865 Bradenton Fl Not Applicable Country \$8.75 Additional تام 44203 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOLF, JACK Street Address (P.O. Box Number is Not Acceptable) 6015 28TH ST. E. STE B BRADENTON FL 34203 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. SIGNATURE DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change DVP ☐ Delete TITI F TITLE 6008 B 28th St. C. Bradenton, F/ 34203 WOLF, JACK NAME NAME STREET ADDRESS 6015 B1 28TH ST. E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Addition Delete TITLE Change TITLE 6008828th St E, Bradenton, F1 34203 NAME WOLF, ANNETTE NAME STREET ADDRESS 6015 28TH ST E, STE B STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: