FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am Secretary of State OCUMENT # P96000051264 05-22-2001 90793 036 ***150.00 DREAM BOAT, INC. Principal Place of Business Mailing Address 553065 % Atlantia Holdings % Atlantia Holdings 910 S.E. 17th St., Suite 300 910 S.E. 17th St., Suite 300 Ft. Lauderdale, FL 33316 Ft. Lauderdale, FL 33316 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0688135 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WAGNER, J. Wagner, J. 647 E. DANIA BEACH BLVD. % Atlantia Holdings DANIA BEACH FL 33004 910 SE 17th St., # 300 Ft. Lauderdale, FL 33316 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PSTD 1 TITLE Delete Bailey, William A. NAME NAME BOULIS, GUS % Atlantia Holdings STREET ADDRESS STREET ADDRESS 647 E. DANIA BEACH BLVD 910 SE 17th St., # 300 CITY-ST-7IP CITY-ST-ZIP DANIA BEACH FL 33004 Ft. Lauderdale, FL 33316 ☐ Delete TITLE NAME NAME STREET ADDRESS Farrell, James B. STREET ADDRESS %Atlantia Holdings CITY-ST-ZIP CITY-ST-ZIP 910 SE 17th St., #300 ☐ Delete TITLE ranne Addition TITLE Ft. Lauderdale, FL 33316 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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.