2001 UNIFORM BUSINESS REPORT (UBR) 94Apr 10, 2001 8:00 am Secretary of State DOCUMENT # **P96000090588** 1. Entity Name MICCOSUKEE BOATS, INC. 04-10-2001 90008 013 ***150.00 Mailing Address Principal Place of Business 5301 GENTLEBREEZE DR 5301 GENTLEBREEZE DR TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 442280 US US 3. Mailing Address 2. Principal Place of Business 3416 CHATSWORTH LANE 3414 CHATSWORTH LANE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3408270 DKLANOO Not Applicable DRLANDO \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN P. HEY REESE, THOMAS C Street Address (P.O. Box Number is Not Acceptable)
3416 CHATSWOLTH LANE ROUTE 7 BOX 1065-C TALLAHASSEE FL 32308 Zip Code 3 2 8/ 2 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. PRESIDENT SIGNATURE ---FILE NOW!!!- FEE IS \$150.00 *9.-This corporation is eligible to satisfy its Intangiblo= \$5.00 May Be 10. Election Campaign Financing 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. Change TITLE 🔀 Delete TITLE TOHN P. HEY NAME REESE, THOMAS C 3416 CHATSWOATH LANE NAME STREET ADDRESS ROUTE 7 BOX 1065-C N/A STREET ADDRESS ORLANDO, FL 32812 CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Change ☐ Addition TITLE **Delete** NAME NAME REESE. CHARLES STREET ADDRESS STREET ADDRESS POST OFFICE BOX 91036 N/A CITY-ST-ZIP CITY-ST-ZIP MICCOSUKEE FL 32309 ☐ Change Addition □ Delete TITLE TITLE NAMÊ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE TIT1 E 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-7IP 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 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. SIGNATURE:

RE AND TYPED OR PRINTED NAME O