2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P96000093606

1. Entity Name

MOBILE MARINE TECH, INC.

FILED

00 AUG 31 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/23/00 90265-031 $150.00

Principal Place of Business	Mailing Address
4476 CONSTANTINE CIRCLE GREENACRES FL 33463	4476 CONSTANTINE CIRCLE GREENACRES FL 33463-4670
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0722717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MOBILE TECH~~ ~~CURRY, DON~~ ~~MOBILE MARINE TECH, INC~~ ~~4476 CONSTANTINE CIRCLE~~ ~~516 N. DIXIE HWY~~ ~~GREENACRES FL 33463~~ ~~LANTANA, FL 33462~~	Name: KATHRYN A. YOHE Street Address (P.O. Box Number is Not Acceptable): 516 N. DIXIE HWY City: LANTANA FL Zip Code: 33462

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 Kathryn A. Yohe 7/3/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YOHE, KENNETH 7225 GALGATE DR. SPRINGFIELD VA 22153	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP YOHE, KATHRYN 7225 GALGATE DR. SPRINGFIELD VA 22153	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn A. Yohe 4/25/00 561/533-8055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #