2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # P96000099692 05-15-2001 90159 001 ***158.75 BERG'S YACHT REFINISHING, INC. Principal Place of Business Mailing Address • 4691 N UNIVERSITY DR 4630 N UNIVERSITY DR STE 216 **SUITE 216** 00051700 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 US 2. Principal Place of Business 3. Mailing Address A600 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0711802 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 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. ☐ Delete TITLE BERG, JEFFREY V NAME NAME 5812 NW 83 TER PARKIAND FL 33067 STREET ADDRESS 10455 NW 51ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **CORAL SPRINGS FL 33076** VST TITI E ☐ Delete TITLE BERG, DIANA M NAME NAME STREET ADDRESS STREET ADDRESS 10455 NW 51ST ST CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE

13. Thereby 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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS