2000 UNIFORM BUSINESS REPORT (UBR)

Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P97000016424 1. Entity Name DEPTH MARKERS BY MIKE, INC. 01-18-2000 90136 021 ***150.00 Mailing Address Principal Place of Business 1522-S.W. 15TH-TERRACE-1522 S.W. 15TH TERRACE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312-3103 601580 2. Principal Place of Business 3. Mailing Address 215+ AUC. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0724959 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODMAN, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 1709 SW 17TH ST FT LAUDERDALE FL 33312 Zip Code City FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. ☐ Addition ☐ Change TITLE TITLE ☐ Delete WOODMAN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1522 SW 15TH TERRACE CITY~ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Addition ☐ Change TITLE ☐ Delete TITLE WOODMAN, CONNIE M NAME NAME STREET ADDRESS STREET ADDRESS 1709 SW 17TH ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Delete TITLE Change Addition TITLE DEGROOT, CATHERINE NAME NAME STREET ADDRESS STREET ADDRESS 1403 SW 15TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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

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SIGNATURE: _

changed, or on an attachment with an address, with all other like empower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED