2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2000 8:00 am Secretary of State DOCUMENT # P97000028692 FACTORY BAY MARINA OF MARCO, INC. 04-29-2000 90076 001 ***450.00 Principal Place of Business Mailing Address 705 E ELKDAM CIR 1106 N COLLIER BLVD MARCO ISLAND FL 34145 **STE 104** 10940 MARCO ISLAND FL 34145-2547 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0751713 Not Applicable Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Náme ANTARAMIAN, JACK J Street Address (P.O. Box Number is Not Acceptable) **365 5TH AVE S** STE 201 NAPLES FL 34102 Zip Code City FL 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITI F TITLE ANTARAMIAN, JACK J NAME NAME STREET ADDRESS 365 5TH AVE S STE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 VTD Change ☐ Addition TITLE TITLE ☐ Delete NASSIF, DAVID E NAME NAME STREET ADDRESS 365 5TH AVE S STE 201 STREET ADDRESS CITY_ST_7IP CITY-ST-ZIP NAPLES FL 34102 . Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 of trusted 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 of the corporation of th

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-394-9333