2002 UNIFORM BUSINESS REPORT (UBR)

May 10, 2002 8:00 am Secretary of State P97000061426 **DOCUMENT #** 1. Entity Name 05-10-2002 90034 025 ***150.00 LEGENDARY MARINE, INC. Principal Place of Business Mailing Address 4460 LEGENDARY DR 4460 LEGENDARY DR SUITE 400 SUITE 400 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address 690 Regatta Bay Blvd. Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE. City & State City & State 4. FEI Number Applied For Destin, 59-3457024 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32541 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGLER, M W Street Address (P.O. Box Number is Not Acceptable) 3000-A WHARFSIDE WAY JACKSONVILLE FL 32207 City Zip Code 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change X Addition NAME BOS, PETER H FRED D. PACE NAME STREET ADDRESS 4460 LEGENDARY DR STE.,#400 STREET ADDRESS 4460 Legendary Dr., Ste. 400 CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP Destin, FL 32541 TITLE ☐ Delete TITLE Change ■ Addition NAME Parker, Wendy NAME STREET ADDRESS 4460 LEGENDARY DR STE.,#400 STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition-NAME BUSFIELD, DAVID A NAME STREET ADDRESS 4460 LEGENDARY DR STE.,#400 STREET ADDRESS CITY-ST-ZIP DESTIN LF 32541 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy Parker

4/25/02

(850) 337-8000

CR2E034 (9/01)

FILED