2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000069664 May 02, 2000 8:00 am Secretary of State OCEAN TOWING, RECOVERY & SALVAGE INC. 05-02-2000 90143 007 ***150.00 Principal Place of Business Mailing Address 1156 47TH ST. 1156 47TH ST. SARASOTA FL 34234-3907 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address 58TH ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0771453 Not Applicable BRADENTON SARASOTA Country \$8.75 Additional 5. Certificate of Status Desired 4234 Fee Required 34207 USA U 5 A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANDULAR MANDULAK, MALA Street Address (P.O. Box Number is Not Acceptable) 1156 47TH ST. AVE SARASOTA FL 34234 Zip Code BRADENTIN 34207 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 DATE (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VP ☐ Addition TITLE ☐ Defete TITLE MANDULAK MANDULAK, MALA NAME NAME 1124 SOTH AVE W STREET ADDRESS STREET ADDRESS 1156 47TH ST CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34234 BRADENTON Addition Change TIT! F TITLE ☐ Delete MICHAEL MANDULAK NAME NAME 1124 58 TH AVE W. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change - - - Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ 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 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: MANDELAK 4/18/00 941-359-0670