2000 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2000 8:00 am Secretary of State DOCUMENT # P97000084723 CAPTAINS CHOICE MARITIME SERVICES, INC. 02-11-2000 90014 017 ***150.00 Mailing Address Principal Place of Business 11041-A TRINITY PLACE 11041-A TRINITY PLACE NAPLES FL 34114-8524 NAPLES FL 34114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3475883 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ____ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROUSEY, MARVIN L. Street Address (P.O. Box Number is Not Acceptable) 5261 TREETOP DR NAPLES FL 34113 Zip Code City 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete □ Change Addition TITLE TITLE ROUSEY, MARVIN L NAME NAME STREET ADDRESS 7225 ISLE OF CAPRI ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34114 ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE Oelete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \Box ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

2-7-00

941-775-667

Daytime Phone #

FILED