FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 20, 2002 8:00 am P97000093269 **DOCUMENT # Secretary of State** 06-20-2002 90061 023 ***558.75 TECMARINE HOLDINGS, INC. Principal Place of Business Mailing Address 2057 SE 35TH STREET P.O. BOX 21647 PORT EVERGLADES FT LAUDERDALE FL 33335 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 2051 56 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHESTER, BRITT K. Street Address (P.O. Box Number is Not Acceptable) 2051 SE 35TH STREET FORT LAUDERDALE FL 33316 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE (9/01) Change ☐ Addition CHESTER, JEREMY NAME NAME 2051 SE 35TH STREET BOX 21647 STREET ADDRESS STREET ADDRESS **CR2E034** FT LAUDERDALE FL 33335 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHESTER, BRITT K NAME 2052 SE 35TH STREET BOX 21647 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33335 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition CHESTER. KEVIN NAME NAME STREET ADDRESS 2051 SE 35TH STREET STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33335 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOUSA, KENNETH G 2051 SE 35TH STREET NAME NAME STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

☐ Delete

NAME

STREET ADDRESS CITY-ST-ZIP

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 impowered 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 attarghyrient with an address, with all other like empowered.

Change

☐ Addition

TITLE

NAME

STREET ADDRESS

SIGNATURE: