2003 FOR PROFIT CORPORATION

Mar 12, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P97000105445 DOCUMENT # 1. Entity Name 03-12-2003 90075 007 ***150.00 SPONGE BROKERS INTERNATIONAL, INC. Principal Place of Business Mailing Address 1480 L&R INDUSTRIAL BLVD. UNIT 11A 1480 L& R INDUSTRIAL BLVD UNIT 11A TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34688 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3485041 Not Applicable Zip Country Ζiρ 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 SKAROULIS, JIM Street Address (P.O. Box Number is Not Acceptable) 1480 L & R INDUSTRIAL BLVD UNIT 11A TARPON SPRINGS FL 34689 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PDC** ☐ Delete TITLE Change ☐ Addition NAME SKAROULIS, JIM NAME STREET ADDRESS 1480 L & R INDUSTRIAL BLVD UNIT 11A STREET ADDRESS CITY-ST-ZIE TARPON SPRINGS FL 34689 CITY-ST-ZIP ... TITLE ☐ Delete ☐ Change ☐ Addition 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 TITLE 🚤 🗌 - Delete 🛼 TITLE ☐ Change ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. Thereby 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 options are empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED