ໍ 200 1 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000005438 FILED 1. Entity Name **GULF MARINE OPERATORS, INCORPORATED** 01 OCT 22 AM 11:58 Mailing Address Principal Place of Business SECRETARY OF STATE TAULAHASSEE, FLORIDA 8259 Causeway Blvd 8259 Causeway Blvd Tampa, Florida 33619 Tampa, Florida 33619 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Nümber Applied For 59-3493601 Not Applicable \$8.75 Additional Fee Required Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNG, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 8259 Causeway Blvd Tampa, Florida 33619 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. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intendible \$5.00 May Be Added to Fees 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Defeta ☐ Change ☐ Addition CR2E034 (10/00) TITLE MILE. NAME NAME YOUNG, WILLIAM H STREET ADDRESS STREET ADDRESS **502 LISA LANE** CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 100004669461--TILE ☐ Delete TITLE YOUNG, PHILLIP. NAME -11/06/01--01076--022 STREET ADDRESS STREET ADDRESS P O BOX 52061 \*\*\*\*150.00 \*\*\*\*150. CITY-ST-ZIP CITY-ST-ZIP LAFAYETTE LA 70508 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KIMBRELL, JAMES STREET ADDRESS STREET ADDRESS P O BOX 5797 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33675 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-71P CITY-ST-ZIP TITLE ¹□ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

PO ES

SIGNATURE:

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## Gulf Marine Operators, Inc. 8259 Causeway Boulevard Tampa, Florida 33619

October 16, 2001

Florida Department of State Division of Corporations P O Box 1500 Tallahassee, Florida 32302

Re: P98000005438

Dear Division of Corporation,

It has been discovered that the above corporation did not get renewed because the check sent in and received by you was made out to the Florida Department of Revenue not the Florida Department of State. Said check was never received by us to correct, either to the P O Box 52061, Lafayette, La 70508 or the 8259 Causeway Blvd., Tampa, Florida, the last being the address on the renewal form and the first the address on the check.

I have been told to write you a letter explaining this situation along with a new check correctly made out to the Florida Department of State for \$150.00 and this situation can be corrected.

Respectfully,

William H./Young/

President