2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P98000018634 1. Entity Name 04-29-2002 90115 040 ***150 MARINE OUTLET CENTER, INC. Principal Place of Business Mailing Address 7097 N. SERENOA DRIVE 7097 N. SERENOA DRIVE SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0824830 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWNING, ROBERT W ESQ. Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET **SUITE 888** SARASOTA FL 34236 Zip Code City FL 8. The above ramed 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) DATE 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Delete TITI E Change TITLE MCFARLIN, CHARLES H NAME NAME STREET ADDRESS STREET ADDRESS 7097 N. SERENOA DRIVE CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34241 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME MCFARLIN, CHERYL A STREET ADDRESS STREET ADDRESS 7097 N. SERENOA DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 Change ■ Addition TITLE . Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP , ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this liling 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 repetiter 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

FILED

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

changed, or on an attach;