2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am DOCUMENT # **Secrétary of State** P98000033303 1. Entity Name 07-16-2002 90363 015 ***550.00 CANNON MARINE CONSTRUCTION, INC. Principal Place of Business Mailing Address 40533 EAST 8TH AVENUE 40533 EAST 8TH AVENUE UMATILLA FL 32784 **UMATILLA FL 32784** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3503991 Not Applicable Zip Country Zip 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 CANNON, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 40533 EAST 8TH AVENUE **UMATILLA FL 32784** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. MATTHEW NAM CHANON Change XA OFFICERS AND DIRECTORS 12. TITLE Delete TITLE Addition NAME CANNON, DANIEL A NAME 25 CAYMAN CIRCUE STREET ADDRESS 40533 EAST 8TH AVENUE STREET ADDRESS UMATICA, PL 32784 CITY-ST-ZIP UMATILLA FL 32784 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME CANNON, ELIZABETH W STREET ADDRESS 40533 EAST 8TH AVENUE STREET ADDRESS CITY-ST-ZIP UMATILLA FL 32784 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BERRY, DAVID R NAME STREET ADDRESS 675 PASATIEMPO POINT, APT, 201 STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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-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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE

□ Delete

Change

☐ Addition

FILED