## 4/28

## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 18, 2000 8:00 am Secretary of State DOCUMENT # P98000052781 1. Entity Name POSEIDON PROPERTIES, INC. 04-28-2000 90022 025 \*\*\*150.00 Principal Place of Business Mailing Address 2018 MELBOURNE COURT 131 - 1 THIRD AVE. MELBOURNE FL 32901 INDIALANTIC FL 32903 403252 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For APPLIED FOR 4. FEI Number City & State City & State 59-35 Not Applicable Zip Country Zip Country \$8.75 Additional 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MELHADO, MICHAEL C Street Address (P.O. Box Number is Not Acceptable) 131-A THIRD AVE INDIALANTIC FL 32903 Zip Code City 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition CR2E034 (9/99 TITI F ☐ Celete MELHADO, MICHAEL C NAME NAME STREET ADDRESS STREET ADDRESS 131-A 3RD AVE. CITY-ST-ZIP CITY-ST-ZIF INDIALANTIC FL 32903 **Addition** Change ☐ Dalete TITLE mue Tracy A. Silverthorn NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 40 or as attachment with an address.

STREET ADDRESS

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yhich

STREET ADDRESS

CITY-ST-ZIP

Michael Milhado

4/24/00

321-953-9859