2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000074175 Apr 05, 2000 8:00 am Secretary of State 1. Entity Name EAGLE MARINE CONSULTANTS, INC. 04-05-2000 90067 042 ***150.00 Principal Place of Business Mailing Address 111 N: ORANGE AVENUE SUITE 1200 **450-LAKE DRIVE** ORLANDO FE 32801 717USVILLE PL 32780-2594 Hollywood Blvd. 3. Mailing Address Holly wood Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State City & State Applied For 4. FEI Number 59-3530451 10114 Wood Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAMS, MAURICE 111 N. ORANGE AVENUE SUITE 1200 ORLANDO FL 32801 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Change Addition De ete TITI F TITLE POPPE, OSCAR F NAME NAME 550 LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-7IP ☐ Addition TITLE De'ete TITLE POPPE, ADRIENNE 13108 Hydra Court WILLIS, Texas 77 NAME NAME 550 LAKE DRIVE STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ De″ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De'ete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITI F

NAME

De'ete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

3-16-00

936-856-4951

☐ Change

☐ Addition

Daytime Phone #