2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: MOLLIE GRISWOLD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

May 01, 2001 8:00 am Secretary of State DOCUMENT # P98000094501 PONTIS UNDERWATER INSPECTION, INC. 05-01-2001 90104 023 ***150.00 Principal Piace of Business Mailing Address 6200 80TH AVENUE NORTH 6200 80TH AVENUE NORTH PINELLAS PARK FL 33781 Annaaaa PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4 FELNumber 65-3906057 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRISWOLD, MOLLIE A Street Address (P.O. Box Number is Not Acceptable) 6200 80TH AVENUE NORTH PINELLAS PARK FL 33781 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TiTiLE ☐ Delete TITLE GRISWOLD, MOLLIE A NAME NAME 6200 80TH AVENUE NORTH STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-79P ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiE CITY-ST-ZIP Adolation TITLE THE ☐ Delete NAMS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME MANAF STREET ADDRESS STREET ADDRESS City-St-Zi2 CITY-S1-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CSTY-ST-7IP Change Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. If 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. Fiorida Statutes; and that my name appears in Block 11 or Block 12 f changed, or on an attachment with an address, with all other like empowered.

ICER OF DIRECTOR

FILED