2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 07, 2001 8:00 am Secretary of State DOCUMENT # P98000101523 1. Entity Name SOUTHERN MARINE UNDERWRITERS, INC. 05-07-2001 90047 005 ***150.00 Mailing Address Principal Place of Business 14603 BEACH BLVD. #600 14603 BEACH BLVD. #600 JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3546823 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRABTREE, R R Street Address (P.O. Box Number is Not Acceptable) 8375 DIX ELLIS TRAIL STE. 401 JACKSONVILLE FL 32256 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TS Caldwell Terry 14603 Bach Blud STE 600 T۷ TITLE Change ☐ Addition Delete TITLE CALDWELL, TERRY NAME NAME STREET ADDRESS 14603 BEACH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32250 Jacksonville, FL 32250 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MECOM, BARNEY NAME STREET ADDRESS STREET ADDRESS 14603 BEACH BLVD, #600 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE-FL 32250-Change ☐ Addition Selete NAME NAME MECOM, KEN Mecon Ken STE600 14603 Beach Blue STE600 STREET ADDRESS STREET ADDRESS 14603 BEACH BLVD, #600 CITY-ST-ZIP CITY-ST-ZIP Jacksonuille, FL 32250 JACKSONVILLE FL 32250 ☐ Change Addition TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR