FILED

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 09, 2001 8:00 am DOCUMENT # P98000105600 **Secretary of State** MARLIN CONSTRUCTION AND ENGINEERING OF SOUTH FLO 03-09-2001 90502 049 ***150.00 Principal Place of Business Mailing Address 2535 SUCCESS DRIVE 2535 SUCCESS DRIVE ODESSA FL 33556 ODESSA FL 33556 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 59-3548606 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 2535 SUCCESS DRIVE ODESSA FL 33556 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) 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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD HEISTOPHER S. HOWARD TITLE CR2E034 (10/00) Change TITLE Delete HOWARD, CHRISTOPHER S NAME NAME 2535 Success DRIVE STREET ADDRESS 2535 SUCCESS DRIVE STREET ADDRESS FL ODESSA 33556 CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 **PSTD** Change Delete ☐ Addition TITLE TITLE RICHARD W BAKER 2535 SUCCESS DRIVE BAKER, RICHARD W NAME NAME STREET ADDRESS STREET ADDRESS 2535 SUCCESS DRIVE CITY-ST-7IP CITY-ST-7IP DDESSA FL 33556 ODESSA FL 33556 ☐ Addition Delete TITLE ☐ Change TITLE ŇAMÊ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE 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.

OF SIGNING OFFICER OR DIRECTOR