2000 UNIFORM BUSINESS REPORT (UBR) P970000 3992 **DOCUMENT#** Aug 01, 2000 8:00 am Secretary of State 1. Entity Name BLUE MARLIN MORT SADR, "LAKE." R 06-02-2000 90017 017 ***158.75 Principal Place of Business Mailing Address 2605 Enterprise Rd. SAME suite 105 CLEAR WATER, FL. 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 3551774 Not Applicable Zip Zio Country 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 ROMALD L. MORRIS Street Address (P.O. Box Number is Not Acceptable) 909 WOOD DR. CLEARWATER, FL. 33755 City 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 FILE NOW!!! FEE IS \$150.00 After MAY 1 2000 Fee will be \$550.00 // Make Check Payable to Department of State 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. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ROHAD L. MORRIS TITLE NAME NAME 909 WOOD DR. STREET ADDRESS STREET ADDRESS CLEPRWATER, FL. 33755 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change IIILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Defete TITLE 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 emonwered 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. C-18-00 7*27-2*78-8688 SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFOR	M BUSINESS REPO	RT (UBR)	6/2/00-90017-017-\$158.75-\$158.75
DOCUMENT # 1. Entity Name CLUE MARLIN	1 morgon Pa	700000 3996	106993
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CLEAR WATER, F	7. 33759		
Principal Place of Business Animal Address Suite Address Suite Address			
Suite, Apt. #, etc. City & State City & State City & State			DO NOT WRITE IN THIS SPACE . 4. FEI Number _ Applied For
Zip Country		Country	59~3551774 Not Applicable
6. Name and Addr	ess of Current Registered Agent	- / -	5. Certificate of Status Desired Fee. Regulred 7. Name and Address of New Registered Agent
ROMALD L. MC	rris	Name	
J coow Pop CLEPRUSTOR		Street Address	(P.O. Box Number is Not Acceptable)
CLEPKWAI	172 33 33	City	FL Zip Code
3. The above named entity submits t	his statement for the purpose of changing its	egistered office or registe	
SIGNATURE	- Th		5-18-00
Signature, typed or printed name. 9. This corporation is eligible to satis		Registered Agent signature require	d when (ensuating) DATE
Tax filing requirement and elects t (See criteria on back)	o do so. After MAY 1, 200	0 Fee will be \$550.00 e to Department of Sta	10. Election Campaign Financing \$5.00 May Be Added to Fees atterned to Fees Added to Fees
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3. I hereby certify that the Informatio indicated on this report or suppler of the corporation or the receiver.	mental report is true and accurate and that my	signature shall have the :	ection 119.07(3)(I), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 il