FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am Secretary of State P990000 16126 DOCUMENT # ASMA RAT MARINE SERVICE, THE 05-22-2001 90026 017 ***150.00 Principal Place of Business* Mailing Address 780 CRESCENT DRIVE 780 CRESCENT DEWE LARGO 1 33770 658534 2. Principal Place of Business 3. Mailing Address 14TH AVENUE S.W 310 310 <u>।५</u>74 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number # 59-355808V LARGO LARGO Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U.S. 33770 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-CORPORATION SERVICE COMPANY JAMES MR RATZ Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 ARGO 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. JAMES R. RATZ DILIPAL SIGNATURE typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ., 💢 Change ☐ Delete TITLE TITLE RATZ, JAMES R. RATZ, JAMES R. NAME NAME 310 ILTH AVENUE S.W. 780 CRESCENT DRIVE STREET ADDRESS STREET ADDRESS 33770 AROO F- 33770 CITY-ST-ZIP CITY-ST-ZIP LARGO ☐ Addition ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete• TITLE Change ☐ Addition 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 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.

SIGNATURE.★

727-539-0620

Daytime Phone #