2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P99000030734 1. Entity Name FLORIDA AQUACULTURE RESEARCH & MARINE SCIENCE, I 05-10-2001 90060 013 ***150.00 Principal Place of Business Mailing Address 218 S WEBB RD 218 S WEBB RD PLANT CITY FL 33566 PLANT CITY FL 33566 " Progress of the real policy on the ,我们我们就是我们的,我们就会被你的人。 (1) 我们的人们,我们们的人们的人们的人们的,我们我们就会会一个人们的人们的人们的人们的人们的人们的人们的人们的人们 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0909293 Not Applicable Zip 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. TANNER, JAY M Street Address (P.O. Box Number is Not Acceptable) 6611 HAYTER DRIVE LAKELAND FL 33813 .) City Zip Code FL 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 DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITI F TANNER, JAY M NAME NAME 6611 HAYTER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Addition D TITLE ☐ Change Delete TITLE SAENZ, KAREN NAME NAME STREET ADDRESS 4830 DOSSEYWOOD CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33811 ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Opening Officer or Director