FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P99000033695 1. Entity Name SHIPCOURT (FLORIDA) INC. 01-18-2000 90191 019 ***150.00 Principal Place of Business Mailing Address 1218 MARTINQUE CT 1218 MARTINQUE CT 66668735 MARCO ISLAND FLX83831 34145 MARCO ISLAND FL X4XXXXX 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0910715 Not Applicable Zip Country 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 Name SCHMIDT, MALWINE Street Address (P.O. Box Number is Not Acceptable) KXXHONEKSNONLEAWEX 1218 Martinique Court MARCO ISLAND FL 33937X 34145 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) XMake Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete [X] Change V/P,Sec. SCHMIDT, MONIKA NAME Monika Schmidt ALX IX JAK QBSXBARFEXTASK STREET ADDRESS STREET ADDRESS 1218 Martinique Marco Island, F CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME NAME Wieland Schmidt STREET ADDRESS STREET ADDRESS 1218 Martinique Court CITY-ST-ZIP CITY-ST-ZIF Marco Island, FL 34145 ☐ Delete Change X Addition TITLE TITLE Treas. NAME NAME Malwine Schmidt STREET ADDRESS STREET ADDRESS 1218 Martinique Court CITY-ST-ZIP CITY-ST-ZIP Marco Island, FL 34145 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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 frue 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 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 by the chapter 607.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIE

TITLE NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Monika Schmidt

Date

01-06-00

Daytime Phone #

☐ Change

Addition

OLISEUS: