2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 06, 2000 8:00 am Secretary of State DOCUMENT # P99000044478 D & H MARINE DETAILING, INC. 04-06-2000 90023 049 ***150.00 Principal Place of Business Mailing Address 6765 W. 6TH AVE. 6765 W. 6TH AVE. HIALEAH FL 33012 HIALEAH FL 33012-6567 2. Principal Place of Business 3. Mailing Address 6765 W WTh 6765 W 6Th AVE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number HIALEAN Not Applicable HIALEAL Country \$8.75 Additional Country 5. Certificate of Status Desired 33012 USA Fee Required US A 012 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADLEY, HENRY A Street Address (P.O. Box Number is Not Acceptable) 6765 W. 6TH AVE. HIALEAH FL 33012 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 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 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITLE Change Addition TITLE ☐ Delete NAME NAME BRADLEY, HENRY A STREET ADDRESS STREET ADDRESS 6765 W. 6TH AVE. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change -- - Addition -TITLE . TITLE - Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delate TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

Daytime Phone #