2001 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2001 8:00 am DOCUMENT # P99000051508 **Secretary of State** 1. Entity Name MARCO DOLPHIN PROPERTIES, INC. 03-14-2001 90484 044 ***150.00 Principal Place of Business Mailing Address 1021 ANGLES COVE 1021 ANGLES COVE MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 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 59-3581145 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TUCKER, E. GLENN Street Address (P.O. Box Number is Not Acceptable) 950 NORTH COLLIER BLVD SUITE 204 SUN TRUST CENTRE MARCO ISLAND FL 34145 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, 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete SR2E034 (10/00) Change TITLE TITLE Charles L. Weil COLLARDEY, DAN C NAME NAME 1231 BUTTER FLY CT 1042 MAINSAIL, UNIT 811 STREET ADDRESS STREET ADDRESS MARCO Ishand, FL 34145 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34114 Detete TITLE ☐ Addition TITLE NORKO-COLLARDEY, MAXINE E NAME NAME 1042 MAINSAIL, UNIT 811 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34114 CITY-ST-ZIP □ Addition ☐ Change TITLE Delete TITLE SCHAWB: CARL W----NAME NAME: 1231 BUTTERFLY CT. STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 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:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/1

141-394-5771

Daytime Phone #