2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HERBERT F. MOLZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 07, 2001 8:00 am Secretary of State DOCUMENT # P99000057651 1. Entity Name DOCKING MATE, INC. 02-07-2001 90131 016 ***150.00 Principal Place of Business Mailing Address 1556 CYPRESS DRIVE SUITE 14 1556 CYPRESS DRIVE SUITE 14 JUPITER FL 33469 VUUTOOOO JUPITER FL 33469 2. Principal Place of Business 3. Mailing Address 1556 CYPRESS DRIVE #1 1556 CYPRESS DRIVE #1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE JUPITER FLORIDA JUPITER FLORIDA Applied For City & State City & State 4. FEI Number 65-0933668 33469 33469 Not Applicable USA USA Country 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 HERBERT F. MOLZ CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 1556 CYPRESS DRIVE #1 City Zip Code 33469 JUPITER 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. 1/23/01 HERBEAT F. MOLZ SIGNATURE 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 Lampaign 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 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) X Change ☐ Addition TITLE X Delete TITLE NAME MOLZ, HERBERT F NAME MOLZ, HERBERT F. STREET ADDRESS 1556 CYPRESS DRIVE SUITE 14 STREET ADDRESS 1556 CYPRESS DRIVE #1 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33469 JUPITER FL 33469 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change TITLE" ☐ Addition TITLE ☐ Delete 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 ☐ Delete TITI F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 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

FILED

/23/01

561/748-0003

Daytime Phone #