## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 22, 2001 8:00 am DOCUMENT # P99000068374 **Secretary of State** 1. Entity Name 06-22-2001 90002 047 \*\*\*150.00 DEEPMARLIN, INC. Principal Place of Business Mailing Address 12824 SUGARCREEK DRIVE POST OFFICE BOX 32703 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33420 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 65-0935273 Not Applicable Zip Zip 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 Name DUFF, JOHN M III 🔭 📆 Street Address (P.O. Box Number is Not Acceptable) 12824 SUGARCREEK DRIVE PALM BEACH GARDENS FL 33418 City Zip Code 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 lide if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10/00 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DUFF III, JOHN M NAME NAME STREET ADORESS STREET ADDRESS 12824 SUGAR CREEK DRIVE CR2E034 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33418 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY\_\$1-7IP CITY-ST-ZIP ☐ Addition TITI F ппе ☐ Delate ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS -1 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP RILE ☐ Defete TITLE ☐ Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

FILED