FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am Secretary of State DOCUMENT # P99000077728 1. Entity Name SWEENEY MARINE, INC. 05-02-2001 90060 008 ***150.00 V Principal Place of Business Mailing Address 4739 CENTRAL AVE. 4739 CENTRAL AVE. ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address 7805 Causeway Blvd. No. 7805 Causeway Blvd. No. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3595962 St. Petersburg, FL Not Applicable St. Pecersburg Country Country \$8.75 Additional 5. Certificate of Status Desired 33707 U.S.A. 33707 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWEENEY, JAMES T SR Street Address (P.O. Box Number is Not Acceptable) 7805 CAUSEWAY BLVD NO. SAINT PETERSBURG FL 33707 City Zip Code 8. The above named ntity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. James T. Sweenev. SIGNATURE DATE agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intengible 10. Election Campaign 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME SWEENEY, JAMES T SR. STREET ADDRESS 7805 CAUSEWAY BLVD. NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33707 □ Change TITLE ☐ Delete TITLE ☐ Addition SWEENEY, JAMES T JR. NAME STREET ADDRESS STREET ADDRESS 7805 CAUSEWAY BLVD. NORTH CITY-ST-ZIP CITY-ST-ZIF ST. PETERSBURG FL 33707 ☐ Addition 🔀 Delete TITLE ☐ Change TITLE BOSSERT, ROBERT M NAME NAME STREET ADDRESS STREET ADDRESS 621 PLUM ST. SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33707 TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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.

SIGNATURE:

James T. Sweeney

727-345-4453

Daytime Phon