2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # **P99000078689** SALLY FORTH MARINE, INC. 02-06-2001 90331 040 ***150.00 Principal Place of Business Mailing Address 131 WATERS EDGE DRIVE 131 WATERS EDGE DRIVE JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0948339 Not Applicable 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 SIEGEL, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 131 WATERS EDGE DRIVE JUPITER FL 33477 Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 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 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME SIEGEL, WILLIAM J STREET ADDRESS STREET ADDRESS 131 WATERS EDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SIEGEL, SALLY R NAME STREET ADDRESS STREET ADDRESS 131 WATERS EDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477___ TITLE Change ☐ Addition TITLE ☐ Delete NAME 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 ☐ Delete TITLE ☐ Change . Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 pistee 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 Annowered. n address, with all other like phoowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

☐ Addition