2000 UNIFORM BUSINESS REPORT, (UBR)

FILED DOCUMENT # P99000080437 May 24, 2000 8:00 am Secretary of State AMERICAN INTERNATIONAL MARINE CORPORATION 04-26-2000 90071 034 ***150.00 Mailing Address Principal Place of Business 17120 GULF BOULEVARD 17120 GULF BOULEVARD ST. PETERSBURG FL 33708-1443 ST. PETERSBURG FL 33708 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALL, CARL M Street Address (P.O. Box Number is Not Acceptable) 17120 GULF BOULEVARD ST. PETERSBURG FL 33708 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 66/6) ☐ Addition Change TITLE D ☐ Delete TITLE NAME HALL, CARL M NAME CR2E034 STREET ADDRESS 17120 GULF BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33708 Change ☐ Addition ☐ Delete TITLE TITLE HALL, KATHI NAME NAME STREET ADDRESS STREET ADDRESS 17120 GULF BOULEVARD CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33708 Change ☐ Addition ☐ Delete MILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change [] Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if its all of the fixed compowered. 13. I hereby certify that the information supplied with indicated on this report or of the corporation or the receiver of changed, or on an attachment with SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone