2000 UNIFORM BUSINESS REPORT (ÜBR) Jun 16, 2000 8:00 am DOCUMENT # P99000091459 1. Entity Name Secretary of State MARINE SERVICES OF JACKSONVILLE, CORP. 05-05-2000 90034 013 ***150.00 Principal Place of Business Mailing Address 2774 SCOTT MILL TER 2735 SCOTT MILL TER JACKSONVILLE FL 32257-5760 HICKOCHNIELE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country Zip \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANDEN, FRANK M ---Street Address (P.O. Box Number is Not Acceptable) ---2735 SCOTT MILL TER JACKSONVILLE FL 32257 Zip Code City submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 6. The above named equity 30-2000 SIGNATURE' (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition CR2E034 (9/99 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition me TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition nn F . 🔲 Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS Cift-St-ZiP CITY-ST-ZIP : ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Or 710 Change Addition ☐ Defete TITLE

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 reporter 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

NAME STREET ADDRESS CITY-ST-ZIP

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