2000 UNIFORM BUSINESS REPORT (UBR) FILED P 99000101678 May 18, 2000 8:00 am Secretary of State **DOCUMENT#** 1. Entity Name MARINE MASTER SERVICE INC. 05-18-2000 90283 023 ***150.00 Principal Place of Business Willis RD. Mailing Address, 304, WIT C UNTA GORDA, FloriDA A0061450 Principal Place of Business
2071 SAFR HAVEN LW. 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number PUNTA GORDA, FLOREDA 65-0960280 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 DAUID SISS 3443 E. TAMIAMI TR. PORT CHARLOTTE, Floriob 33949-3298 Street Address (P.O. Box Number is Not Acceptable) 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, 2000 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 11. OFFICERS AND DIRECTORS 12. PRESIDENT ROUALD B. PLUMER 2001 SHE HAVEN UN. Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS PUNTA GORDA, FLORIDA 33983 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT CHARLES QUNNARD 168 ACERORA ST. ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 3394Q PORT CHARLOTVIE FORISA CITY-ST-7IP CITY-ST-7IP VICE PRESIDENT WILLIAM EDWARDS 1751 BANDUA ST. **∏** Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS PORT CHARLUTUR, FloRIDA CITY-ST-ZIP CITY-ST-ZIP ESTAGNY Delete Addition TITLE TITLE DON BOWEN 27359 WHITMAN AUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition 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 13. I hereby certify that the information supplied with this filling 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: 📐

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR