2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 17, 2000 8:00 am DOCUMENT # **P99000108488 Secretary of State** ADMIRAL BOATLIFTS MARINE CONSTRUCTION, INC. 02-17-2000 90070 013 ***150.00 Principal Place of Business Mailing Address 6278 NORTH FEDERAL HIGHWAY 6278 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 713738 2. Principal Place of Business 3. Mailing Address 11120 SW 1st Street 6278 N. Federal Hwy Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Coral Springs, FL Ft. Lauderdale, FL 65-0967814 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33071 USA 33308 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 (See criteria on back) X Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete ☐ Change TITLE VALLI, GREGORY E NAME NAME STREET ADDRESS STREET ADDRESS 6278 NORTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 SVD ☐ Delete TITLE ☐ Change Addition TITLE VALLI, KARA E NAME NAME STREET ADDRESS STREET ADDRESS 6278 NORTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 [] Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. 954.968.4040 02.10.00 SIGNATURE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR