2002 UNIFORM BUSINESS REPORT (UBR)

Sep 11, 2002 8:00 am } Secretary of State S14514 **DOCUMENT#** 1. Entity Name 09-11-2002 90100 027 ***550 00 AQUA BAY MARINE, INC. Principal Place of Business Mailing Address 5601 W. HIGHWAY 98 5601 W. HIGHWAY 98 PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3040768 Not Applicable Country Zip Zip Country **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent - - 6. Name and Address of Current Registered Agent - -MORRIS, JOHNNY RAY Street Address (P.O. Box Number is Not Acceptable) 8500 HWY, 2301 YOUNGSTOWN FL 32401 City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. 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 \$550.00 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 September 13, 2002 Fee will be \$750.00 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 ☐ Addition ☐ Delete TITLE MORRIS, JOHNNY RAY NAME NAME 8500 HWY. 2301 STREET ADDRESS STREET ADDRESS YOUNGSTOWN FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MORRIS, SHARON NAME NAME 8500 HWY. 2301 STREET ADDRESS STREET ADDRESS YOUNGSTONW FL CITY-ST-ZIP CITY-ST-ZIP ___ Change ☐ Addition - 🗔 · Delete TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME 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 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. YAK YUUHOC

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