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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2002 8:00 am Secretary of State DOCUMENT # S81588 1. Entity Name BLUE WATER MARINE CONSTRUCTION, INC. 01-14-2002 90020 014 ***158.75 Principal Place of Business Mailing Address 3211 SE RAILROAD AVE 3211 SE RAILROAD AVE STUART: FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0290212 Not Applicable Zip Zip Country 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 DIEKMAN, JANET K Street Address (P.O. Box Number is Not Acceptable) 1627 SE MONROE ST. STUART FL 34997 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DIEKMAN, MARK T NAME STREET ADDRESS 1627 S E MONROE ST STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE DTDS NAME NAME DIEKMAN, JANET K STREET ADDRESS STREET ADDRESS 1627 S E MONROE ST CITY-ST-ZIP CITY-ST-ZIP STUART_FL 34997 ☐ Addition TITLE TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Janet K. Diellows Janet K. Diekman 01-04-02 561 286-5181