2003 FOR PROFIT CORPORATION

FILED Mar 20, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) V46576 DOCUMENT # 03-20-2003 90394 001 ***750.00 1. Entity Name COASTAL MARINE, INC. Mailing Address Principal Place of Business 937 BULKHEAD RD. 937 BULKHEAD RD. GREEN CV SPGS FL 32043 GREEN CV SPGS FL 32043 HS 2. Principal Place of Business 1011 BULKHEAD RD. Mailing Address 1011 BULKHEAD Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State GREEN CV. SPGS. 59-3131117 AREEN CV. SPGS. FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, M. DENISE Street Address (P.O. Box Number is Not Acceptable) 937 BULKHEAD RD. OII BULKHEAD RD. **GREEN CV SPGS FL 32043** CITY GREEN CV. SPGS. 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. I am familiar with, and accept the obligations of registered agent 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition Change TITI F ☐ Delete TITLE SMITH, M. DENISE NAME NAME SMITH, M. DENISE 1011 BULKHEAD RD. STREET ADDRESS 937 BULKHEAD RD. STREET ADDRESS GREEN CV. SPGS. FL 32043 CITY-ST-7IP GREEN CV SPGS FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THUE NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP