FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2002 8:00 am Secretary of State P98000020139 DOCUMENT # 1. Entity Name 07-17-2002 90128 026 ***150 00 A-1 MARINE SERVICES, INC. Principal Place of Business Mailing Address 5567 DOUG TABOR PLACE 5567 DOUG TABOR PLACE SAINT JAMES CITY FL 33956 SAINT JAMES CITY FL 33956 2. Principal Place of Business 3. Mailing Address 5567 Dova SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0844261 SAINT Not Applicable Zip 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 NUCCIO. THOMAS Street Address (P.O. Box Number is Not Acceptable) 2628 NW 4TH PL CAPE CORAL FL 33990 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **⊡** Change ☐ Addition NUCCIO, THOMAS NAME NAME STREET ADDRESS 2628 NW 4TH PLACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33903 CITY-ST-ZIP ZIP 33993 TITLE ST ☐ Delete TITLE Change Addition NAME NUCCIO. DARLENE NAME STREET ADDRESS 2628 NW 4TH PLACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33903 CITY-ST-ZIP *3399* 3 TITLE ☐ Delete TITLE Addition NUCCIO, ROBERT NAME NAME 3209 SE 1ST CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-7IE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

Attachment P980000 20139 121776

STATE STATE STATES
Star Dave Tevia Chap Si James City, 11, 38950 July 15 2002
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To whom It may concur
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this paper work last week I am
enclosing a chick for \$ 150.00 for my Fee
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I hope we can using the late fee
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paper work untill fact week If you have
any Question place call me at.
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