2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 356366** May 03, 2000 8:00 am Secretary of State UNDERSEAS, INC. 05-03-2000 90150 008 ***150.00 Mailing Address Principal Place of Business U.S. 1 P.O. BOX 430014 BIG PINE KEY 33 33043-0014 MM 30 1/2 BIG PINE KEY 33 33043 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1315275 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIGOLA, ALFRED K ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 5701 OVERSEAS HIGHWAY, SUITE 17 MARATHON FL 33050 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. CR2E034 (9/99) ☐ Addition TITLE PD ☐ Delete -TITLE Change NAME ROCKETT, GEORGE W. NAME STREET ADDRESS STREET ADDRESS OVERSEAS HWY., U.S. 1 CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL 33043 Addition ☐ Change TITLE ☐ Delete NAME ROCKETT, MARION S NAME STREET ADDRESS STREET ADDRESS OVERSEAS HWY., U.S. 1 CITY-ST-ZIP CITY-ST-7IP BIG PINE KEY FL 33043 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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.

CITY-ST-ZIP

SIGNATURE: Marion & Rockett Mouse & Rockett 4-2800 305 8

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Daytime Phone #