FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 11, 2002 8:00 am Secretary of State 505949 DOCUMENT # 1. Entity Name 06-11-2002 90150 031 ***550.00 SEABROOK BUSINESS BROKERS, INC. Mailing Address Principal Place of Business PO BOX 35234 5132 JUNGLE PLUM RD SARASOTA FL 34242 SARASOTA FL 34242 US 2. Principal Place of Business 3. Mailing Address PRWU 246 AShley DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1675491 anassta Not Applicable \$8.75 Additional Zin Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name_ PERRAULT, DENNIS Street Address (P.O. Box Number is Not Acceptable) 5167 DEWEY PL SARASOTA FL 34242 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 SIGNATURĒ 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. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME Perrault, Dennis STREET ADDRESS STREET ADDRESS 5246A ASHLEY PKWY CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME Perrault, Gerard STREET ADDRESS STREET ADDRESS 65 SHERWOOD DRIVE CITY-ST-ZIP CITY-ST-7IP ARCHMONT NY ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME -MONVILLE: JAMES J. STREET ADDRESS STREET ADDRESS 2729 SUNCREST DRIVE CITY-ST-ZIP CITY-ST-7IP Sarasota fl ☐ Change ■ Addition TITLE ☐ 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 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE