2002 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2002 8:00 am Secretary of State DOCUMENT # N0000003911 1. Entity Name GREENSEAS ENVIRONMENTAL ORGANIZATION INTERNATION 05-24-2002 91304 008 ****61.25 AL. INC. Principal Place of Business Mailing Address 1437 SE COLCHESTER CIR. 1437 SE COLCHESTER CIR. PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983 2. Principal Place of Business 3. Mailing Address 7505 South. 7505 South Fullian Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE River UeR City & State FEI Number Applied For APPLIED FOR 919 Not Applicable Zio-\$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 WADE eet Address (P.O. Box Number is Not Acceptable) SOPKO, JAMES 853 SE MONTEREY COMMONS BLVD. STUART FL 34996 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE D DANA WADE 9505 South Indian River Drive ✓ Change ☐ Addition LANG, DUANE G NAME NAME STREET ADDRESS 1437 SE COLCHESTER CIR. STREET ADDRESS CR2E037 Foat Pierce 71, 34902 CITY-ST-7IP PORT ST. LUCIE FL 34952 CITY-ST-7IP Delete TITLE D ∠ Change ☐ Addition ROBERTS, JAMES W Deena WADE 4505 South Indian River Drive FONT PIERCE HORSELY 34982 Denise Horse Horsely 34982 NAME NAME STREET ADDRESS 123 SE CALMOSO DR. STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34983 CITY-ST-ZIP TITLE **JD**~> SIGMUND, WILLIAM CAPT. 502 South River Point Drive NAME 28 LINDA ST. -. STREET ADDRESS STREET ADDRESS Stungt, Florida 34994 BELFORD NJ CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ 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-7IP CITY-ST-7IP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachmer (with an address, with all other like appowered.

SIGNATURE

SIGNATURE AND TYPES OF PRINTS INABLE OF SIGNING OFFICER OR DIRECTOR

Date

The prints and trace in the interval of the prints of the prin