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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2003 8:00 am Secretary of State **DOCUMENT # N02300** 1. Entity Name 01-15-2003 90268 003 ****61.25 NAVY SEABEE VETERANS OF AMERICA, INCORPORATED, D EPARTMENT OF FLORIDA, INCORPORATED Principal Place of Business Mailing Address 1431 S OCEAN BLVD 1431 S OCEAN BLVD POMPANO BCH FL 33062 POMPANO BCH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 37-6049184 Applied For Zip Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee:Required -7. Name and Address of New Registered Agent Name HOFFMAN, RICHARD E. 1431 S OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) POMPANO BCH FL 33062 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE HOFFMAN, RICHARD NAME ☐ Change ☐ Addition NAME 1431 S. OCEAN BLVD. #62 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CR2E037 CITY-ST-ZIP TITLE ☐ Delete TITLE LINDENMAYER, JAMES NAME Change Addition 1310 NE 15 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE YANARELLA, JOSEPH NAME ☐ Change ☐ Addition NAME 7958 ADEN LOOP STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34655 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE MAGIC, ROBERT NAME ☐ Change ☐ Addition NAME 925 N. 32ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-7IP TITLE ☐ Delete TITLE CARDWELL, WILLIAM NAME ☐ Change ☐ Addition NAME STREET ADDRESS P.O. BOX 3409 N/A STREET ADDRESS CITY-ST-ZIP RIVERVIEW FL 33568 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7/P