2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000004957 FILED 1. Entity Name SEA VIEW INVESTMENT GROUP, INC. 2000 FEB 29 PM 1: 51 SECRETARY OF STATE Mailing Address Principal Place of Business 10640 Quail Ridge Drive St Augustine, FL TALLAHASSEE, FLORIDA 830-13 AIA Worth Printe Kedra Beach, FL 32095 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 39-0958513 Not Applicable 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 Donald R. Mc Clung 10640 Quail Ridge Drive St. Augustme, FL 32095 Street Address (P.O. Box Number is Not Acceptable) City Zip Code FI 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 (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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President, Director Ruth E. Busbey 160 Blican Reef Drive Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS St. Augustine, F-L 32084 Vice President, Sacretary, Threosurer, Donald R. Mc Clung Director 10040 Quail Ridge Drive CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP St Augustine FL 32095 TITLE ☐ Delete Change ☐ Addition NAME 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 TITLE 5000003151565 ☐ Defete NAME -02/29/00--01040--019 STREET ADDRESS STREET ADDRESS ****150.00 ****150,00 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Donald R. McClung, Vice President 2/16/00

SIGNATURE: