2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State DOCUMENT # P98000040529 1. Entity Name SCV, INC. 05-11-2001 90095 005 ***150.00 Mailing Address Principal Place of Business 3228 MARTIN DOWNS BLVD. STE. 5 3228 MARTIN DOWNS BLVD. STE. 5 PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 401 East Ocean BlvD OLEan Islu DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent VITALE, STEVEN G Street Address (P.O. Box Number is Not Acceptable) 3228 MARTIN DOWNS BLVD. STE. 5 PALM CITY FL 34990 ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida, 8. The above named entity subm SIGNATURE required when reinstating) Signature, typed 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, ☐ Addition TITLE ☐ Delete TITLE NAME NAME VITALE, STEVEN G STREET ADDRESS STREET ADDRESS 3228 MARTIN DOWNS BLVD., STE 5 CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental population. of the corporation or the receiver or trust changed, or on an attachment with er like empow

SIGNATURE:

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