2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # **P99000054766** LAKEVIEW VILLAGE DEVELOPMENT GROUP, INC. 04-26-2000 90089 001 ***150.00 Principal Place of Business Mailing Address PO BOX 1954 721 1ST AVE NORTH ST PETERSBURG FL 33731-1954 ST PETERSBURG FL 33701 3. Mailing Address 2-Principal Place of Business 5514 Park BIVd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3595322 Pinellas Park, FL Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 34665 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLINS, MARTHA M Street Address (P.O. Box Number is Not Acceptable)-721 1ST AVE NORTH ST PETERSBURG FL 33701 Zip Code City 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Delete TITLE TITLE TAPPAN, RICHARD A. COLLINS, MARTHA M NAME NAME STREET ADDRESS STREET ADDRESS 5514 Park Blvd. 721 1ST AVE NORTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701 Pinellas Park, FL 34665 ☐ Delete TITI F TITLE NAME NAME REED, JOHN STREET ADDRESS STREET ADDRESS 5514 Park Blvd. CITY-ST-ZIP CITY-ST-ZIP Pinellas Park, FL 34665 Addition ☐ Delete TITLE NAME NAME BRODERICK, ROGER B. STREET ADDRESS STREET ADDRESS 5514 Park Blvd. CITY-ST-ZIP CITY-ST-ZIP Pinellas Park, FL 34665 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition 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-7IP 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.

SIGNATURE: 4

IGNANURE AND TYPED OR PRINTED NAME O SIGNING OFFICER OPDIRECTOR

1/26/2000 544.100 Dayund Phone #