2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 25, 2000 8:00 am DOCUMENT # P99000057119 1. Entity Name Secretary of State CAPE SCUBA, INC. 03-25-2000 90017 001 ***150.00 Principal Place of Business Mailing Address 245B TYLER AVE. 245B TYLER AVE. CAPE CORAL FL 32920 CAPE CORAL FL 32920-2927 2. Principal Place of Business 3. Mailing Address 245B TYLER AVE Suite, Apt. #, etc. 2458 TYLER Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3587652 CAPE CAMAVERAL, FC CAPE CANAVERAL Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 32920 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PADGETT, STEVEN J Number is Not Acceptable) 245B TYLER AVE. CAPE CORAL FL 32920 CAPE CANAVERAL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) X Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PITID TITLE TITLE Change ☐ Addition Delete PADGETT, STEVEN J. NAME PADGETT, STEVEN J NAME 245B TYLER AVE STREET ADORESS STREET ADDRESS 245B TYLER AVE. CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL, FL 32920 CAPE CORAL FL 32920 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 - ZIP CITY-ST-ZIP 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.

21 Mar 00 321-494-2199