FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State **DOCUMENT #** S93403 1. Entity Name THE SIGHT-SEA-ER, INC. 05-13-2002 90128 035 ***150.00 Principal Place of Business Mailing Address 21 S.E. HARBOR POINT DRIVE 21 S.E. HARBOR POINT DRIVE STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address Drive SE HARBOA 31 SE HARbon Point UR. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0297406 Not Applicable Country 34996 \$8.75 Additional USA 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORTELL, EDWIN E III Street Address (P.O. Box Number is Not Acceptable) 2100 SE OCEAN BLVD SUITE 202 STUART FL 34996 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition BARATTA, ROBERT O. 31 SE HARbOR Point SRIVE NAME STREET ADDRESS 21 SE HARBOR POINT DR STREET ADDRESS STUART FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME BARATTA, CAROL NAME STREET ADDRESS 21 SE HARBOR PT DR STREET ADDRESS CITY-ST-7IE STUART FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO. BARATTA 4/12/02 772-283-6658
Date Dayling Phone #

CR2E034 (9/01)