FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20, 2001 8:00 am DOCUMENT # P99000106150 **Secretary of State** GAMMA CONSTRUCTION, INC. 02-20-2001 90073 007 ***150.00 Principal Place of Business Mailing Address 8405 GARDENS CIR.,#103 8405 GARDENS CIR.,#103 SARASOTA FL 34243 SARASOTA FL 34243 er is in fillig ittilit, 2. Principal Place of Business 3. Mailing Address 'n lapt best upo 3110 59th Ave Dr. E 3110 59th Ave Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0974381 Bradenton Bradento Not Applicable Zip Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVENS, TYLER M Street Address (P.O. Box Number is Not Acceptable) 8405 GARDENS CIR.,#103 SARASOTA FL 34243 City Bradenton Zip Code 34203 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F ☐ Change ☐ Addition TITLE Delete Stevens, Tylem M. STEVENS, TYLER M NAME NAME 3110 59th Ave Dr E 8405 GARDENS CIR.,#103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP Bradenton, FL 34203 TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 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.