2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

May 20, 2002 8:00 am Secretary of State 383538 DOCUMENT # 1. Entity Name 05-20-2002 90096 017 ***150.00 GIRVAN, INC. Principal Place of Business Mailing Address 205 COMMERCIAL DR. 205 COMMERCIAL DR. ST. AUGUSTINE FL 32092 ST. AUGUSTINE FL 32092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1349742 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIRVAN, DON H. Street Address (P.O. Box Number is Not Acceptable) 205 COMMERCIAL DRIVE SAINT AUGUSTINE FL 32092 City Zip Code FL 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITDC CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE ☐ Change girvan, don H. NAME NAME STREET ADDRESS 5417 RIVERWOOD RD N. STREET ADDRESS ST AUGUSTINE FL 32092 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition STERLING, ROBERT NAME: B05 BOARDWALK DRIVE #522 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ponte vedra Beach FL 32082 CITY-ST-ZIP TITLE ☐ Delete TITLE 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 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NT AT WARRE PL SOME STREET ADDRESS STREET ADDRESS FROM ROLL CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

FILED

Daytime Phone #