FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am **DOCUMENT # 485235 Secretary of State** E.B. GIFFORD INC. 02-03-2001 90030 019 ***150.00 Principal Place of Business Mailing Address 1032 SW POPLAR CT 1032 SW POPLAR CT PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address 4036 SW. Birmin, Cir. S 4036 S.W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1624379 Not Applicable \$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 GIFFORD, EDWIN Street Address (P.O. Box Number is Not Acceptable) 54036 SW Bimin: Cir. 5 1032 SW POPLAR CT PALM CITY FL 34990 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete 4036 S.W. Bimini Cir. S Palm City Fl 3499p GIFFORD, EDWIN B NAME NAME STREET ADDRESS STREET ADDRESS 1032 SW POPLAR CT CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 Delete TITLE TITLE GIFFORD, CATHLEEN NAME NAME STREET ADDRESS STREET ADDRESS 1032 SW POPLAR CT CITY-ST-7IP CITY-ST-ZIP PALM CITY FL 34990 TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE 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 Addition ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

/hs/01 561-243-0434