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

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 592685 1. Entity Name G B INVESTMENT ASSOCIATES, INC.							Mar 25, 2002 8:00 am Secretary of State 03-25-2002 90088 033 ***150.00			
819 COUNTE	ce of Busines RY CLUB DRIV M BEACH FL	E	Mailing Address 819 COUNTRY CLUB DRIVE NORTH PALM BEACH FL 33408				DO NOT WRITE IN THIS SPACE			
2. Principal F 14282 C Suite, Apt	YPRESS	ISLAND COURT	3. Mailing Address 14282 CYPRESS ISLAND COURT Suite, Apt. #, etc.			RT				
City & Sta PALM BE. Zip			City & State PALM BEACH GARDENS			4.	FEI Number 59-1861326	N	pplied For ot Applicable	
33410-1007 USA 6. Name and Address of Current			Zip 33410-1007	Coun	USA		Certificate of Status Desired Name and Address of New Regist	Fee Require		
PHILLIPS, MILDRED L. 819 COUNTRY CLUB DRIVE NORTH PALM BEACH FL 33408 8. The above named entity submits this statement for the purpose of changing its re					Name MILDRED L. PHILLIPS Street Address (P.O. Box Number is Not Acceptable) 14282 CYPRESS ISLAND COURT City PALM BEACH GARDENS FL Zip Code 33410-1007					
Tax filing	oration is eligi	or printed name of registered agent and ible to satisfy its Intangible and elects to do so.	FILE NOW After May 1, 20 Make Check Payal	E: Registered	Agent signatu IS \$150.0 WIII be \$5	700 50.00	reinstating) 10. Election Campaign Financin Trust Fund Contribution.	~ _ ~~	00 May Be	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DF ₄ PHILLIPS, MILDRED L 819 COUNTRY CLUB DRIVE NORTH PALM BCH FL 33408			☐ Delete TITLI NAM STRE			DP PHILLI 14282	PS, MILDRED L. CYPRESS ISLAND COUR EACH GARDENS, FL 3	Addition	2E034 (9/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					33410-1007 ☐ Change	☐ Addition	CRZE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			NAME STREE	LE Change ME HEET ADDRESS Y-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Delete				ET ADDRESS ST-ZIP	. 16.40	•	☐ Change	Addition	
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ITLE Delete IAME TREET ADDRESS ITY-ST-ZIP					T ADDRESS ST-ZIP			☐ Change	☐ Addition	
of the cor	on this report poration or th	t or supplemental report is tri	ue and accurate and that ne ered to execute this report	ny signatu as require	ire shall ha	ive the same.	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; t ida Statutes; and that my name app	hat I am an officer	or director	

3/11/02

Daytime Phone #