CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2002 8:00 am § Secretary of State DOCUMENT # 836876 1. Entity Name 03-28-2002 90018 028 ***150.00 GESSERTS INC. Principal Place of Business Mailing Address 3790 TAMPA RD. 2416 HILLCREEK CIR E OLDSMAR FL 34677 CLEARWATER FL 33759 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 39-1132684 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 DUNBAR, PETER M Street Address (P.O. Box Number is Not Acceptable) 1968 BAYSHORE BLVD **DUNEDIN FL 34698** 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) DATE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ■ Addition GESSERT, WILLIAM NAME NAME STREET ADDRESS 117 17TH STREET STREET ADDRESS CITY-ST-ZIP **BELLEAIR BEACH FL 33786** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **GESSERT, TERRIE** NAME NAME STREET ADDRESS 2416 HILLCREEK CIRCLE E STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33759** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition GESSERT, DONALD G NAME NAME STREET ADDRESS 2416 HILLCREEK CIRCLE E STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33759** CiTY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ 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 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 time empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE: X