2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # F29165** GULFSTAR CONSTRUCTION, INC. 04-27-2001 90284 028 ***150.00 Principal Place of Business Mailing Address C/O CHARLES F SURLES, JR. C/O CHARLES F SURLES, JR. P. O. BOX 146 P. O. BOX 146 SILVER SPRINGS FL 34489 SILVER SPRINGS FL 34489 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 59-2080050 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SURLES, CHARLES F JR Street Address (P.O. Box Number is Not Acceptable) 904 N. E. 46TH COURT OCALA FL 34470 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, typod 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete CR2E034 (10/00) TITLE Change Addition SURLES, CHARLES F JR NAME NAM⊆ STREET ADDRESS 904 N. E. 46TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL STD TITLE ☐ Delete TITLE Addition SURLES, CHARLES F. JR. NAME NAME STREET ADDRESS STREET ADDRESS 904 N.E. 46TH COURT CITY-ST-ZIP CITY-ST-ZIP OCALA FL 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 T(T) F ☐ Delete TITLE ☐ Change Addition NAME NAM5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OTTY-ST-7IP THILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

13. I hereby certify that the information supplied with this filling 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.