2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # J35074 ♣ Entity Name GLEISLE LUMBER & MILLWORK, INC. 04-23-2001 90150 009 ***150 00 Mailing Address Principal Place of Business 19221 SAN CARLOS BLVD P.O. BOX 5079 FORT MEYERS BEACH FL 33931 _6100 ESTERO BLVD. 000046 FORT MEYERS BEACH FL 33932 US 3. Mailing Address 2. Principal Place of Business P O 5079 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2718821 Myers Beach Not Applicable Zíp \$8.75 Additional 5. Certificate of Status Desired Lee Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLEISLE, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 6281 KEY BISCAYNE BLVD FORT MEYERS FL 33908 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 DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE GLEISLE, JAMES E. NAME 6281 KEY BISCAYNE BLVD STREET ADDRESS STREET ADDRESS FT MYERS BCH FL 33908 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE GLEISLE, JAMES JERALD NAME NAME 10411 Strike Lane Bonita Springs, 7L34135 19221 SAN CARLOS BLVD STREET ADDRESS STREET ADDRESS FT MYERS BCH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE GLEISLE, PATRICIA NAME NAME 6281 KEY BISCAYNE BLVD STREET ADDRESS STREET ADDRESS FORT MEYERS BEACH FL 33908 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Addition

Change