FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 14, 2001 8:00 am **DOCUMENT # K77271** Secretary of State GILBERT CONTRACTORS, INC. 05-14-2001 90027 010 ***150.00 Principal Place of Business Mailing Address 920 3RD ST 920 3RD ST #0 NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266 US 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 59-2939486 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 BRADLEY E GILBERT, BRDLEY E Street Address (P.O. Box Number is Not Acceptable) 920 3RD ST STE D **NEPTUNE BEACH FL 32266** Zip Code City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Change Addition ☐ Delete TITLE GILBERT, BRADLEY E. NAME NAME STREET ADDRESS STREET ADDRESS 920 THIRD ST #D CITY-ST-ZIP CITY-ST-7IP **NEPTUNE BEACH FL 32266** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STRFFT ADDRESS STREET ADDRESS CITY-ST-ZIP"-CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [7] Change ☐ Addition 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 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with indicated on this report or supplemental reports. refloes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or changed, or on an attachment with an ther like empowered.