FILED **2000 UNIFORM BUSINESS REPORT (UBR)** Jan 18, 2000 8:00 am **DOCUMENT # K84599 Secretary of State** 1. Entity Name GATOR SMR, INC. 01-18-2000 90137 004 ***150.00 \$P\$ 1988 1988 Mailing Address Principal Place of Business C/O ROBERT H., WEBB. JR. C/O ROBERT H. WEBB, JR. 7920 E GOSPEL ISLAND RD 7920 EAST GOSPEL ISLAND RD. 900347 INVERNESS FL 32650 INVERNESS FL 34442-4852 3. Mailing Address 2. Principal Place of Business 140 W KELLEI? Suite, Apt. #, etc. 140 W KELLER ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2946200 HERNANDD Not Applicable Country * \$8.75 Additional 5. Certificate of Status Desired C TRUS Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEBB, ROBERT H., JR. (P.O. Box Number is Not Acceptable) 7920 EAST GOSPEL ISLAND RD. **INVERNESS FL 32650** 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 1-11-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) . Make Check Payable to Department of State <u>.). 12.</u> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11: EYE 6" OFFICERS AND DIRECTORS Anile : अय VP.38 % ☐ Addition ☐ Delete . . . TITLE WHITEHEAD, CHARLES E. NAME NAME 5326 B, SOUTH FLORIDA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **INVERNESS FL** Change ST - Sec ■ Addition ☐ Delete TITLE Robert HWEBS JR WEBB, ROBERT H., JR. NAME NAME 7920 E. GOSPEL ISLAND RD STREET ADDRESS STREET ADDRESS HERNANDO FO 34442 CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition MACDONALD, DAVID NAME NAME STREET ADDRESS 213 COLONY SPRINGS LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL - -TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-015 724-4389
Date Dayline Phone #