FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am[§] Secretary of State DOCUMENT # L0100003411 1. Entity Name 05-22-2002 90219 006 ****50.00 **GULF SOUTH DEVELOPERS, LLC** Principal Place of Business Mailing Address 1610 BARRANCAS AVENUE 1610 BARRANCAS AVENUE PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIBERIS, CHARLES S Street Address (P.O. Box Number is Not Acceptable) **1610 BARRANCAS AVENUE** PENSACOLA FL 32501 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE ☐ Delete TITLE Charles S Liberis 1610 Barrancas Ave Pensacola FL 32501 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS .o. Beach CITY-ST-7IP CITY-ST-7IP · 🔲 Change ---- 🗀 Addition _TITLE_ - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

11. 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 occurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ver or tracted empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true limited liability company or

STREET ADDRESS CITY-ST-ZIP

SIGNATURĘ:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #