FILED
Jul 07, 2003 8:00 am
Secretary of State
05-13-2003 90014 033 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000015506

1. Entity Name
GILLCOR, LLC

44005317

[redacted]

Principal Place of Business	Mailing Address
1398 DUNLAWTON AVE., SUITE 1-A PORT ORANGE FL 32127	1398 DUNLAWTON AVE., SUITE 1-A PORT ORANGE FL 32127

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
733 Dunlawton Ave	733 Dunlawton Ave
Suite, Apt. #, etc.: Ste 103	Suite, Apt. #, etc.: Ste 103
City & State: Port Orange Fl	City & State: Port Orange Fl
Zip: 32127-4225 Country: Volusia	Zip: 32127-4225 Country: Volusia

4. FEI Number: 42-1552776 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILL, STACEY 1398 DUNLAWTON AVE., SUITE 1-A PORT ORANGE FL 32127	Name: Gill, Stacey Street Address (P.O. Box Number is Not Acceptable): 2447 Old Samsula RD City: Daytona Beach FL Zip Code: 32128

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Stacey Gill   DATE: 5/08/03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Stacey Gill 2447 Old Samsula Rd. Port Orange Fl 32128 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President James Whitney Corwin 201 S. Halifax Dr. Ormond Beach FL 32176 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 indicated on this report is true and accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED [signature]   5/08/03   386-299-2033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (10/02)