FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State DOCUMENT # L54208 1. Entity Name 05-12-2002 90538 040 ***150.00 GATC, INC. Principal Place of Business Mailing Address 6449 38TH AVE N #A-4 6449 38TH AVE N #A-4 ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address 3660-14 A Ave N. 13660-744 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City, & State 4. FEI Number Applied For 59-2982122 Seminole Florida eminule Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIALA, JOSEPH J MD Street Address (P.O. Box Number is Not Acceptable) 6449 38TH AVE N STE A-4 ST PETERSBURG FL 33710 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) Delete TITLE Change ☐ Addition NAME FIALA, JOSEPH J. NAME STREET ADDRESS 6449 38TH AVE N STREET ADDRESS CITY-ST-7IP ST PETERSBURG FL CITY-ST-ZIP TITLE DP Delete TITLE Change ☐ Addition NAME FIALA, GARRICK J. NAME STREET ADDRESS 6449 38TH AVE N STREET ADDRESS CITY-ST-ZIP ST-PETERSBURG FL CITY-ST-ZIP ☐ Delete TITLE DS " Сһапде ☐ Addition NAME NAME FIALA, IVA STREET ADDRESS STREET ADDRESS 6449 38TH AVE N CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with his 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 eport is flue 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 of the corporation of the

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/14/2002

_(727)392-9236

☐ Change

☐ Addition

Daytime Phone #