FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State L80799 DOCUMENT # 1. Entity Name 02-05-2002 90075 011 ***150.00 GULF COAST RESALE, INC. Principal Place of Business Mailing Address 3905 RADIO RD 3905 RADIO RD NAPLES FL 34104 NAPLES FL 34104 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0453873 Not Applicable Country_ \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GODWIN. TODD L. Street Address (P.O. Box Number is Not Acceptable) 3905 RADIO ROAD NAPLES FL 34104 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition ☐ Delete TITLE TITLE GODWIN, LONNIE C. IAME 3905 RADIO RD STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE GODWIN, TODD L. NAME NAME 3905 RADIO ROAD STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE GODWIN, DOUGLAS L SR NAME STREET ADDRESS 3905 RADIO ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 Change Addition ☐ Delete TITLE GODWIN, AARON NAME 3905 RADIO ROAD STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition Delete TITLE TITLE GODWIN, DOUGLAS L JR NAME 235 18TH ST SE STREET ADDRESS STREET ADDRESS NAPLES FL 34117 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 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

SIGNATURE:

changed, or on an attachm

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR