2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State DOCUMENT # M76260 1. Entity Name Gulfside Properties Corporation 05-14-2001 90180 026 ***150.00 Principal Place of Business Mailing Address 9815 HWY 98 W 9815 HWY 98 W 5394 East Highway 98 5394 East Highway 98 IUURDDIODestin, FL 32541 Destin, FL 32541 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2884024 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama PETERMANN, RICHARD P. Street Address (P.O. Box Number is Not Acceptable) 25 Walter Martin Road, NE Fort Walton Beach, FL 32548-4937 Zio 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 (NOTE: Registered Agent signeture required when reinstating) DATE -FILE NOW!!! PEE !S:\$150:00-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1: 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE Change TITLE ☐ Delete DP NAME MALES FREEMAN, PAUL STREET ADDRESS STREET ADDRESS 9815 HWY 98 West CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition VST ☐ Delete TITLE TITLE NAME BRYANT, JERRI P. STREET ADDRESS STREET ADDRESS 129 Turtle Creek Dr. Santa Rosa Beach, FL 32459 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Chance TITLE ☐ Delete NAME MAME PETERMANN, RICHARD P. 25 Walter Martin Rd., NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 Fort Walton Beach, FL 32548-4937 ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP

13. 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 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 the empowered. SIGNATURE: