2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🔑

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # P00000003627 1. Entity Name GORDON CRANE CO., INC. 02-13-2002 90210 008 ***150.00 Principal Place of Business Mailing Address 1801 INLET DRIVE 1801 INLET DRIVE NORTH FT MYERS FL 33903 NORTH FT MYERS FL 33903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0991822 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. eet Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code N to a -- Myers: 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. (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 **PSTD** TITLE ☐ Delete TITLE ☐ Addition NAME CENTILLA, GORDON M NAME STREET ADDRESS 1801 INLET DRIVE STREET ADDRESS CITY-ST-ZIP NORTH FT MYERS FL 33903 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CENTILLA, CAROLE A NAME STREET ADDRESS 1801 INLET DR STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33903 CITY-ST-ZIP TirtE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.

1/24/02 941-995-7111 Date Daytime Phone #

FILED