2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 30, 2002 8:00 am Secretary of State P00000075517 DOCUMENT # 1. Entity Name LA'GAY CONSULTING, INC. Principal Place of Business Mailing Address 1014 NE 5TH AVE 1014 NE 5TH AVE GAINESVILLE FL 32601 **GAINESVILLE FL 32601** 3. Mailing Address 2165 Coard Man 2. Principal Place of Business 2165 Board man Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3661773 Bactow, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired usA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TLISA GAY, LISA Street Address (P.O. Box Number is Not Acceptable) 1014 NE 5TH AVE 2165 Boardman GAINESVILLE FL 32601 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 Fiorida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered ago 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 12. 11. CR2Fn34 (9/01) X Change ☐ Addition ☐ Delete TITLE TITLE GAY, LISA GAY, LISA NAME NAME 2165 Boardman Road 1014 NE 5TH AVE STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32601** CITY-ST-ZIP CITY-ST-7/P Barton, FL 33830 TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/E CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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

FILED