2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Apr 16, 2002 8:00 am E Secretary of State P00000112172 DOCUMENT # 1. Entity Name 04-16-2002 90153 043 ***150.00 RAYMOND J. GUDAITIS, INC. Mailing Address Principal Place of Business 2141 RIDGE ROAD. #61 2141 RIDGE ROAD, #61 LARGO FL 33778-1618 LARGO FL 33778-1618 3. Mailing Address 2. Principal Place of Business 2141 Ridge Rd 3690 EAST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE suite D #61 4. FEI Number Applied For City & State 59-3684622 LAVGO Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired USA 3778-1618 Fee Required 4.SA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HASTINGS, DAVID C Street Address (P.O. Box Number is Not Acceptable) 2207 54TH ST. S. **GULFPORT FL 33707** 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 DATE (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 12. 11. CG2F(24 (0/01) ☐ Addition ☐ Change ☐ Delete TITLE **GUDAITIS, RAYMOND J** NAME STREET ADDRESS STREET ADDRESS 2141 RIDGE ROAD, #61 CITY-ST-ZIP LARGO FL 33778-1618 CITY-ST-ZIE Addition ☐ Delete TITLE Change TITLE NAME 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP Change Addition ☐ Delete TITLE 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