FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 19, 2002 8:00 am P01000036431 **DOCUMENT #** Secretary of State I. Entity Name GIPSON CONSULTING, INC. 06-19-2002 90457 030 ***150.00 Mailing Address Principal Place of Business 1113 JAMELA DRIVE 1119 JAMELA-DRIVE OCOFE FL 34761 OCOEE FL 34761 3. Mailing Address 2. Principal Place of Business Bradwell 1327 1327 Bradwell Dr DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 3710604 Applied For City & State City & State Not Applicable Orlando FL Orlando \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 32837 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIPSON, LYNN Street Address (P.O. Box Number is Not Acceptable) 1113 JAMELA DRIVE **OCOEE FL 34761** Zip Code 32837 Orlando 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing 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 12 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) X Change Addition Delete TITLE TITLE GIPSON, LYNN 1327 Bradwell Dr NAME NAME 1113 JAMELA DRIVE STREET ADDRESS Orlando, FL STREET ADDRESS OCOEE FL 34761 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE Delete NAME as ----NAME: - --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP __ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

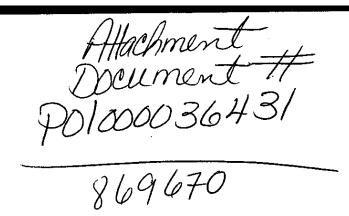
STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #



June 14, 2002

Division of Corporations Uniform Business Report Filings P O Box 1500 Tallahassee, FL 32302-1500

Dear Sir,

Please find attached a copy of the UBR-for our corporation. We have enclosed payment of \$150. We did not receive our filing form until recently. We had moved and the new tenats did not forward our mail.

Our new address is: 1327 Bradwell Drive, Orlando, FL 32837.

Please waive the additional filing fee for late filing and correct our records reflecting the new address.

Sincerely,

Lynn Gipson

President