

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91671 001 *****8.75
05-28-2002 91671 002 ***150.00

DOCUMENT # **PO 1000 109 209**

1. Entity Name
Gather Me, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3585 W. Hilltop Lane		3. Mailing Address 3585 W. Hilltop Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dunnellon FL		City & State Dunnellon FL	
Zip 34433	Country USA	Zip 34433	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59- 3758768		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Nannette Albright Brolin	
	Street Address (P.O. Box Number is Not Acceptable) 3585 W. Hilltop Lane	
	City Dunnellon	FL Zip Code 34433

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 **Nannette Albright Brolin V.P.** **4/30/2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Ricky Jay Brolin 3585 W. Hilltop Lane Dunnellon FL 34433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Nannette Albright Brolin 3585 W. Hilltop Lane Dunnellon FL 34433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Nannette Albright Brolin** **4/30/02** **(352)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **V.P.** Date **318-1985**
Daytime Phone **or 318-2627**

CR2E034B (12/01)