2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 10, 2003 8:00 am Secretary of State DOCUMENT # P02000069149 02-25-2003 90120 027 ***150.00 GULF STATES MARKETING, INC. Principal Place of Business Mailing Address ACOCTACC 3452 WEST BOYNTON BEACH BOULEVARD 3452 WEST BOYNTON BEACH BOULEVARD SUITE #10 SUITE #10 BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 01-0726219 Zip : Country Not Applicable Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent SPIEGEL & UTRERA P.A. RAYMOND R. RES Street Address (P.O. Box Number is 3452 at BoyNEW 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE PD Delete TITLE NAME HERTER, THOMAS R ☐ Change Addition NAME STREET ADDRESS 3452 WEST BOYNTON BEACH BLVD. #10 STREET ADDRESS BOYNTON BEACH FL 33436 CITY-ST-71P CiTY-ST-7/P TITLE STD ☐ Delete TITLE NAME REX, RAYMOND R JR. Change ☐ Addition NAME STREET ADDRESS 3452 WEST BOYNTON BEACH BLVD. #10 STREET ADORESS CHTY-ST-ZIP BOYNTON BEACH FL 33436 CITY-ST-ZIP TITLE De ete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 21P THE F ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. 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 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 10 or Block 11 if

FILED