

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

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90077 019 ***150.00

DOCUMENT # 10600013793
1. Entity Name GAZLAY Construction Resources, Inc.



DO NOT WRITE IN THIS SPACE

40105140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>8639 N HIMES AVE</u> Suite, Apt. #, etc. <u>#3523</u> City & State <u>TAMPA, FLORIDA</u> Zip <u>33614</u> Country <u>HILLSBOROUGH</u>	3. Mailing Address <u>8639 N HIMES AVE</u> Suite, Apt. #, etc. <u>#3523</u> City & State <u>TAMPA, FLORIDA</u> Zip <u>33614</u> Country <u>HILLSBOROUGH</u>
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4. FEI Number <u>205810157</u>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Robert F. DIMARCO, C.P.A., P.A.
Street Address (P.O. Box Number is Not Acceptable)
3444 EAST LAKE RD.
Suite 412
City PALM HARBOR FL Zip Code 34685

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P/S</u> <u>PAULI GAZLAY</u> <u>8639 N HIMES AVE #3523</u> <u>TAMPA, FLORIDA 33614</u>
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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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE Pauli Gazlay SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07 Date

(727) 481-5683 Daytime Phone #

CR2E034B (12/02)