2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 12, 2001 8:00 am Secretary of State **BOCUMENT # P92000003270** 1. Entity Name GANDALF FINANCE, INC. 04-12-2001 90180 029 ***150.00 Principal Place of Business Mailing Address 2269 SOUTH RIDGEWOOD AVE 6 LAZY EIGHT DRIVE SOUTH DAYTONA FL 32119 DAYTONA BEACH FL 32124 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3150446 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OOPER, JOSEPHINE COOPER, JOHN C Street Address (P.O. Box Number is Not Acceptable) **6 LAZY EIGHT DRVIE** DAYTONA BEACH FL 32124 B^{ty}A > To ~A BGACH 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 🗶 Delete Change TITLE COOPER, JOHN C NAME NAME **6 LAZY EIGHT DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP PREJIDENT TITLE ☐ Delete TITLE JOSEPHINE, COOPER JOSEPHINE NAME NAME COOPER EIGHT 6 LAZY EIGHT DR. LALY STREET ADDRESS STREET ADDRESS DAYTONA BCH FL 32124 A 32124 CITY-ST-7IP CITY-ST-ZIP BGACK, DAYTONA TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE _____ Change ☐ Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

DOSEPHINE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COSPER.

1/6/01