2001 UNIFORM BUSINESS REPORT (UBR) Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P93000050974 1. Entity Name GP EAST BAY, INC. 04-04-2001 90148 045 \*\*\*150.00 Principal Place of Business Mailing Address 3665 East Bay Drive Terry Waters C0041606 Largo, FL 33771 Green Parrot Pub 3665 East Bay Drive Largo, FL <u> 33771</u> 2. Principal Place of Business 3. Mailing Address 3665 East Bay Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100 - 104City & State City & State 4. FEI Number Applied For Largo, FL 59-3194132 Not Applicable \$8.75 Additional Country Zip Country 33771 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Terry Waters Novak, Michael T. Street Address (P.O. Box Number is Not Acceptable) <u>3665 East Bay Drive, #100-104</u> 8805 Roberts Rd. Odessa, FL 33556 City Zip Code Largo 33771 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 (NOTE: Registered Agent signature required whan reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00  $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12, P/V/T/S/D/C/M CR2E034 (11/00) Delete
De K Change ☐ Addition TITLE TITLE Novak, Michael T. NAME - DR NAME Terry Waters STREET ADDRESS 8805 Roberts Rd. STREET ADDRESS 3665 East Bay Drive Largo, FL 33771 CITY-ST-ZIP CITY-ST-ZIP Odessa, FL 33556 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 ☐ Delete TITLE TITLE ☐ Change ☐ 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. SIGNATURE: (Terry Waters) (727)535-4770 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR