2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # P93000085098 1. Entity Name 05-06-2002 90235 014 ***150.00 GULF SHORE DEVELOPMENT I, INC. Principal Place of Business Mailing Address 2800 KENNEDY DR 2800 KENNEDY DR VENICE FL 34292 VENICE FL 34292 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0458946 Not Applicable Ziρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SULLIVAN, PAMELA B Street Address (P.O. Box Number is Not Acceptable) 244 COCOA LANE VENICE FL 34293 ŧ, 8. The aboy tity 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 when 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition NAME BRADY, RICHARD W NAME STREET ADDRESS **CR2E034** 315 PINE GLEN WAY STREET ADDRESS CITY-ST-7IP ENGLEWOOD FL 34223 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BRADY, ROBERT W NAME STREET ADDRESS 5227 SIESTA COVE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 TITLE . Delete Daryer was week TITLE Change Addition NAME SULLIVAN, PAMELA B NAME STREET ADDRESS STREET ADDRESS 2800 KENNEDY DRIVE CITY-ST-ZIP VENICE FL 34292 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 this tee 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR