2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P93000085602 Apr 24, 2000 8:00 am Secretary of State GULF SHORE DEVELOPMENT II, INC. 04-24-2000 90097 030 ***150.00 Principal Place of Business Mailing Address 1774 KILLDEER CR. 1774 KILLDEER CR. VENICE FL 34293 VENICE FL 34293-1490 3. Mailing Address Principal Place of Business 722.Shamrock Blup t Cocco ane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE NICE Applied For 4. FEI Number 65-0461069 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SULLIVAN, PAMELA B Street Address (P.O. Box Number is Not Acceptable) 1774 KILLDEER CR. COCOO Lane VENICE FL 34293 UENICE 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 when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE □ Delete TITLE NAME BRADY, RICHARD W NAME STREET ADDRESS STREET ADDRESS 315 PINE GLEN WAY CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34223** ☐ Change ☐ Addition ☐ Delete NAME BRADY, ROBERT W NAME STREET ADDRESS STREET ADDRESS 5227 SIESTA COVE DR. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 Change ☐ Delete ☐ Addition TITLE TITLE SULLIVAN, PAMELA B NAME NAME 244 Cocoq Lane Venice, FL 34293 STREET ADDRESS 1774 KILLDEER CR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attac with an address, with all other like empowered.