2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P9400043925 1. Entity Name GULF COAST MICROSYSTEMS INCORPORATED 04-19-2001 90055 029 ***150.00 Principal Place of Business Mailing Address 6680 E. ROGERS CIR 6680 E. ROGERS CIR **BOCA RATON FL 33487 BOCA RATON FL 33487** C0048773 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0500531 Not Applicable Zip Zip Country 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 GENTRY, DONALD R Street Address (P.O. Box Number is Not Acceptable) 5533 N MILITARY TRAIL #1716 **BOCA RATON FL 33496** Zip Code FL 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 Tax filing requirement and elects to do so. After MAY 1, 2001 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, TITLE ☐ Delete TITLE Change Addition | GENTRY, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 5533 N MILITARY TR #1716 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** SEC ∫ Change Addition Delete TITLE TITLE GENTRY, BRENDA NAME NAME STREET ADDRESS STREET ADDRESS 5533 N MILITARY TR #1716 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33496** TITLE ☐ Delete TITLE Change Addition NAME _ > NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE 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

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. GENTRY 4

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