2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2001 8:00 am DOCUMENT # P94000081694 Secretary of State 1. Entity Name GABRIEL RESOURCES, INC. 03-28-2001 90185 019 ***150.00 Mailing Address Principal Place of Business 2328 S OCEAN SHORE BLVD 2328 S OCEAN SHORE BLVD FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0532098 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUSCH, RANDY L Street Address (P.O. Box Number is Not Acceptable) 2328 S OCEAN SHORE BLVD FLAGLER BEACH FL 32136 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE NAME BUSCH, PHILIP C NAME STREET ADDRESS STREET ADDRESS 2328 S OCEAN SHORE BLVD CITY-ST-ZIP CITY-ST-ZIP FLAGLER BEACH FL 32136 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME BUSCH, RANDY L NAME STREET ADDRESS STREET ADDRESS 2328 S OCEAN SHORE BLVD CITY-ST-ZIP CITY-ST-ZIP FLAGLER BEACH FL 32136 Change ☐ Addition ☐ Delete TITLE TITLE MARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAMÉ 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.