2003 FOR PROFIT CORPORATION

FILED Feb 26, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P94000089677 **DOCUMENT #** 1. Entity Name 02-26-2003 90129 012 ***150.00 GULF BREEZE FRAMING, INC. Principal Place of Business Mailing Address 1207 U.S. 41 BY-PASS SOUTH 1207 U.S. 41 BY-PASS SOUTH VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0545284 Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAPPEL, TOM Street Address (P.O. Box Number is Not Acceptable) 1207 U.S. 41 BY-PASS SOUTH VENICE FL 34292 City 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. I am familiar with, and accept the obligations of registered agent. 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME CHAPPEL, B T NAME STREET ADDRESS 5199 LEMON BAY DR STREET ADDRESS CITY-ST-ZIF VENICE FL 34293 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and the of the corporation or the receiver or trustee ampowered to exceed this report. e exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director treating that I am an officer or director treating the property of the changed, or or an attachment with

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR