2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P95000043701 1. Entity Name GULF COAST ENERGY SERVICES, INC. 05-18-2001 90007 035 ***150.00 Principal Place of Business Mailing Address 5131 RECKER HIGHWAY 5131 RECKER HIGHWAY WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 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 59-3324411 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRIS, CHARLES M: -Street Address (P.O. Box Number is Not Acceptable) C/O TREENAM, KEMKER 101 EAST KENNEDY BLVD., STE. 2700 **TAMPA FL 33602** 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) 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, 2001 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 12. ☐ Defete ☐ Change ☐ Addition TITLE MONETTE, BRUCE A JR. NAME NAME 5131 RECKER HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 D ☐ Change TITLE Delete ☐ Addition NAME MONETTE, BRIAN NAME STREET ADDRESS 5131 RECKER HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Change ☐ Addition TIT: F ☐ Delete TITI E NAME DENIGHT, JEFFREY STREET ADDRESS 5131 RECKER HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 TITLE Delete ☐ Change ☐ 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 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 faccurate 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PAFICER

William SBRORY SEVICHT

4/30/01 (813) 965-8785