2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000012717 Mar 14, 2000 8:00 am **Secretary of State** GULL COTTAGE ENTERPRISES, INC. 03-14-2000 90031 041 ***150.00 Principal Place of Business Mailing Address 5900 STIRLING RD 5900 STIRLING RD. HOLLYWOOD FL 33021-1528 HOLLYWOOD FL 33021 US **Λυυω**υυυν 2. Principal Place of Business 3. Mailing Address 5W 34 Lane Lane 4351 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0769182 Not Applicable Deunio Zip 33312 Country \$8.75_Additional— 5.-Gertificate of Status Desired -Fee Required 3317 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name see change below. DICARLO, DINO Street Address (P.O. Box Number is Not Acceptable) 5900 STIRLING RD. HOLLYWOOD FL 33021 Zip Code City 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** (NOTE: Registered Agent signature required when reinstating) 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 After MAY 1, 2000 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. Change TITLE ☐ Delete TITLE Dicarlo, Dino 4351 Sw 34 4 NAME NAME DICARLO, DINO STREET ADDRESS STREET ADDRESS 5900 STIRLING RD. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR