## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

GNATURE AND TYPES OR PRIDES NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 14, 2001 8:00 am DOCUMENT # P96000015667 Secretary of State G&D PROPERTIES, INC. 05-14-2001 90100 049 \*\*\*150.00 Principal Place of Business Mailing Address 5596 BAYVIEW DR. 320 WALWORTH LANE FT. LAUDERDALE FL 33308 **EUTAWVILLE SC 29048** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0643588 Not Applicable Country - - --Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent GALLANT, GLENN M. Street Address (P.O. Box Number is Not Acceptable) 1260 E OAKLAND PK BLVD FT LAUDERDALE FL 33334 Zip Code City 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, typad 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition CR2E034 (10/00) ☐ Delete TITLE TITLE BAETZ, DOUGLAS R NAME NAME 1260 E. Oakland Park BLVD STREET ADDRESS STREET ADDRESS 3020 NW 33RD AVE CITY-ST-ZIP CITY-ST-ZiP Ft. Lauderdale, FL 33334 FT LAUDERDALE FL\_33334 Change ☐ Addition TITLE VSTD ☐ Delete TITLE NAME GALLANT, GLENN M NAME STREET ADDRESS STREET ADDRESS 1260 E OAKLAND PK BLVD CITY-ST-ZIP CITY ST-ZIP FT. L'AUDERDALE FL' 33334 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 eath; 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