2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# P96000081120

Entity Name: GUNN, INC.

Current Principal Place of Business:

4807 GUNN HWY
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

3032 JODI LANE
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3402691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALI, SHAFKAT
3032 JODI LANE
PALM HARBOR, FL 34684

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALI, SHAFKAT
Address: 3032 JODI LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: VP ( ) Delete
Name: ALI, ANAYAT
Address: 190 112TH AVENUE NORTH, STE 911
City-St-Zip: ST PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALI, SHAFKAT
Address: 3032 JODI LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD (X) Change ( ) Addition
Name: ALI, ANAYAT
Address: 190 112TH AVENUE NORTH, STE 911
City-St-Zip: ST PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAFKAT ALI PD 04/29/2003

Electronic Signature of Signing Officer or Director — Date