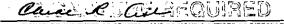
## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2000 8:00 am Secretary of State DOCUMENT # P97000049462 1. Entity Name GATORSHADE, INC. 04-12-2000 90017 048 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 115500 P.O. BOX 115500 GAINESVILLE FL 32611-5500 GAINESVILLE FL 32611-5500 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3464067 Not Applicable Country Zip Zip \$8:75 Additional Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent. CLAYTON, JAMES E Street Address (P.O. Box Number is Not Acceptable) 111 SE FIRST AVENUE GAINESVILLE FL 32601 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME ASH, CAROL R NAME **12337 NW 9TH LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEWBERRY FL 32669** ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change : Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete 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 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:



4/6/00

(352) 846-072

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