## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PROFTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 23, 2000 8:00 am Secretary of State DOCUMENT # **P97000084021** GORDIAN ENTERPRISES, INC. 04-23-2000 90052 009 \*\*\*150.00 Mailing Address Principal Place of Business .. 2210 FRONT ST. S.P 10 1103 W HIBISCUS BLVD MELBOURNE FL 32901-7360 307 B MELBOURNE FL 32901 3. Mailing Address 2. Principal Place of Business 1103 W Hibisons Blud Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 307 4. FEI Number Applied For City & State City & State 59-3480473 McIbourne - FL Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 32901 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUTLER, DIANE J Street Address (P.O. Box Number is Not Acceptable) 2210 FRONT ST. S.P 10 MELBOURNE FL 32901 Zip Code entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE (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, 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/99) Change ☐ Addition PD TITLE □ Delete TITLE **BUTLER, GORDON** NAME NAME STREET ADDRESS STREET ADDRESS 2210 FRONT ST SP10 CITY - ST - ZIP CITY-ST-ZIP MELBOURNE FL 32901 ☐ Addition Change ☐ Delete TITLE **BUTLER, DIANE** NAME NAME STREET ADDRESS STREET ADORESS 2210 FRONT ST SP 10 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete 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

4/14/00