2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700084021

GORDIAN ENTERPRISES, INC. 05-11-2001 90137 003 ***150.00 Mailing Address Principal Place of Business 1103 W HIBISCUS BLVD 1103 W HIBISCUS BLVD 307 B 549199 MELBOURNE FL 32901 MELBOURNE FL 32901 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3480473 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 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 FL t for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name 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. Flection Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Addition TITLE TITLE ☐ Delete NAME NAME BUTLER, GORDON STREET ADDRESS STREET ADDRESS 2210 FRONT ST SP10 CITY-ST-ZIP CITY-ST-ZIE MELBOURNE FL 32901 Change Addition ☐ Delete THILE VPD TITLE NAME **BUTLER, DIANE** NAME STREET ADDRESS STREET ADDRESS 2210 FRONT ST SP 10 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 Change ■ Addition Delete TITI E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Addition ☐ Change Delete TITLE NAME

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.

STREET ADDRESS

CITY-\$T-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2001 8:00 am

Secretary of State