2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P98000006763 Mar 04, 2000 8:00 am Secretary of State GULFSTREAM HOMES, INC. 03-04-2000 90051 004 ***150.00 Principal Place of Business Mailing Address 160 VINTAGE CIR #101 160 VINTAGE CIR #101 NAPLES FL 34119-4720 NAPLES FL 34119 111112744F 2. Principal Place of Business 3. Mailing Address 9079 The LANE 9079 shc L918 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number **6**5-0814345 Naples Naples Not Applicable Country USH Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEEL. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 6720 Lone Oqk Sive 160 VINTAGE CIR #101 NAPLES FL 34119 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** (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. MICHTEL J Peel TITLE ☐ Delete TITLE NAME PEEL. MICHAEL J NAME 160 VINTAGE CIRCLE #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 1 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 ☐ 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

1. MICHAEL 5 PEEL Prospect 2/15/00