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NAME

2000 UNIFORM BUSINESS REPORT (UBR) Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P98000022882 1. Entity Name GORDON CARPENTRY, INC. 02-01-2000 90040 002 ***158.75 Principal Place of Business Mailing Address 2450 SE 7TH PLACE 2450 SE 7TH PLACE HOMESTEAD FL 33033 HOMESTEAD FL 33033-5263 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-08 184 15 -- -Not Amin'r Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, PENNY JO Street Address (P.O. Box Number is Not Acceptable) 2450 SE 7TH PLACE HOMESTEAD FL 33033 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change GORDAN, DANIEL G NAME NAME GORDON, DANIEL G STREET ADDRESS 2450 S.E. 7 PLACE STREET ADDRESS (NAME SPELLED INCORRECT CITY-ST-ZIP HOMESTEAD FL 33033 CITY-ST-ZIP TITLE Delete WHITE, PENNY JO 2450 S.E. 7 Place DILE ☐ Change NAME Secretar STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Homestead, FL 33033 DILE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP

NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHTY-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 (egal 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.

Change

☐ Addition

TITLE

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SIGNATURE: