2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000028134 Jul 20, 2000 8:00 am 1. Entity Name Secretary of State GSR ENTERPRISES, INC. 07-20-2000 90021 017 ***550.00 Principal Place of Business Mailing Address 1265 SORRENTO WOODS BLVD 1265 SORRENTO WOODS BLVD NOKOMIS FL 34275 NOKOMIS FL 34275 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0824609 Not Applicable Zip Country Zip 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 Name REVELS, GREGORY A Street Address (P.O. Box Number is Not Acceptable) 1265 SORRENTO WOODS BLVD NOKAMIS FL 34275 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS Delete ☐ Addition TITLE TITLE NAME REVELS, GREGORY A NAME STREET ADDRESS 1265 SORRENTO WOODS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 VTD ☐ Addition ☐ Change TITLE ☐ Delete TITLE REVELS, ROBERT W NAME NAME STREET ADDRESS STREET ADDRESS 9606 Braden Rum CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Change Addition TITLE ☐ Delete TITLE NAME revels, steven e NAME STREET ADDRESS 1502 PINE STREET STREET ADORESS NOKOMIS FL 34275 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS dITY-ST-ZIP CITY-ST-ZIP y or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am an officer or director or as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filling does not indicated on this report or supplemental report is true and account of the corporation or the receiver or trustee empowered to execute to the corporation. qu changed, or on an attachment with

Daytime Phone