2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am P98000038218 DOCUMENT # 1. Entity Name 05-06-2002 90119 024 ***150.00 GUNNIGLE CORP. Principal Place of Business Mailing Address 6185 MIAMI LAKES DRIVE 6185 MIAMI LAKES DRIVE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 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 65-0821486 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 GUNNIGLE, J. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3442 SPRING BLUFF PL FORT LAUDERDALE FL 33319 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. Ţŀ. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition NAME GUNNIGLE, J. MICHAEL NAME STREET ADDRESS 3442 SPRING BLUFF PL STREET ADDRESS CITY-ST-ZIE FT LAUDERDALE FL 33319 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME 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 trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

FILED