2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 07, 2001 8:00 am DOCUMENT # P98000064446 **Secretary of State** 1. Entity Name ROBERT S. GUNN, III, P.A. 03-07-2001 90611 035 ***150.00 Mailing Address Principal Place of Business ROUTE 3 BOX 28 ROUTE 3 BOX 28 EAST PALATKA FL 32131 EAST PALATKA FL 32131 3. Mailing Address 2. Principal Place of Business 3960 Lazu Acre Rd Lazu Here Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59-3523907 City & State Not Applicable Y) iddlebu \$8.75 Additional 5. Certificate of Status Desired Fee Required *206*8 usa 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUNN, ROBERT S** Street Address (P.O. Box Number is Not Acceptable) ROUTE 3 BOX 28 Lazy Acre k EAST PALATKA FL 32131 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. (NOTE: Registered Agent signature required when reinstating) DATE 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete Gunn, Robert S III TITLE GUNN. ROBERT S III NAME NAME 3960 Lazy Acre Rd STREET ADDRESS 147 U.S. HIGHWAY 17 SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EAST PALATKA FL 32131 middleburg ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition. ☐ Change THUE-Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE 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, J CITY-ST-ZIP. ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S Gunn 711 3/5/01 (904) 282-064