2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000077870 May 17, 2000 8:00 am 1. Entity Name Secretary of State GULFSTREAM, INC. 05-17-2000 90971 019 ***150.00 Mailing Address Principal Place of Business 6745 PHILLIPS INDUSTRIAL BLVD 6745 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-3010 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3531196 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOTOLAW, INC. Street Address (P.O. Box Number is Not Acceptable) **50 NORTH LAURA STREET SUITE 2750** JACKSONVILLE FL 32202 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 (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 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 12. 11. Change D۷ President Siddall, David R Addition ☐ Delete TITLE TITLE SIDDALL, DAVID R NAME NAME STREET ADDRESS 6745 PHILLIPS INDUSTRIAL BLVD 6745 Phillips Industrial Blvd STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Jacksonville, Fl 32256 JACKSONVILLE FL 32256 Corporate Secretary X Addition ☐ Change Delete TITLE TITLE **BROWN, GRAEME S** e Butler Phillips Ind Blvd NAME STREET ADDRESS 6745 PHILLIPS INDUSTRIAL BLVD STREET ADDRESS Jacksonville, Fl 32256 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Change Addition ☐ Delete TITLE TITI F 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 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS 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 in Block 12

R. SIDDALL 4-28-00