ي2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P99000001674 1. Entity Name Bray & Gillespie Delaware II, Inc. 04-17-2001 90032 030 ***150.00 Principal Place of Business Mailing Address 600 South Atlantic Avenue 600 South Atlantic Avenue Daytona Beach, FL 32118 Daytona Beach, FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3550410 Not Applicable Zip Country 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 Ronald R. Fieldstone, Esq. 200 S. Biscayne Blvd., Sutie 2100 Street Address (P.O. Box Number is Not Acceptable) Miami, FL 33131 City Zip Code FL 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, 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 \$5.00 May Be After MAY-1, 2001- 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 11. 12. D TITLE ☐ Delete TITLE Change Addition Bray, Charles NAME NAME 600 N. Atlantic Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Daytona Beach, FL 32118 CITY-ST-ZIP $\overline{\mathbf{D}}$ Addition ☐ Delete TITLE ☐ Change TITLE Gillespie, Joseph NAME NAME 600 N. Atlantic Avenue STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP Daytona Beach, FL 32118 Change ☐ Addition TITLE ☐ Delete TITLE Denberg, Michael B. Esq. NAME NAME STREET ADDRESS 200 S. Biscayne Blvd., Suite 2100 STREET ADDRESS CITY-ST-ZIP Miami, FL 33131 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: