2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000002823** May 16, 2000 8:00 am Secretary of State GULF BAY COMMUNICATIONS, INC. 05-16-2000 90081 012 ***150.00 Principal Place of Business Mailing Address 4001 TAMIAMI TR. NORTH.STE.350 4001 TAMIAMI TR. NORTH.STE.350 NAPLES FL 34103 NAPLES FL 34103-3555 2. Principal Place of Business 3470 Club Center Blvd. 3. Mailing Address 3470 Club Center Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3561921 Applied For City & State City & State Not Applicable Naples, FL Naples, Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 34114 <u> 34114</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) 801 LAUREL OAK DR. STE.710 NAPLES FL 34108 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, typed or printed name of registered agent and title if applicable DATE (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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition D TITLE TITLE Delete PARISI, JOSEPH L NAME NAME 3470 Club Center Blvd. STREET ADDRESS STREET ADDRESS 4001 TAMIAMI TR. NORTH, STE. 350 CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP Naples, FL 34114 ☐ Addition TITLE ☐ Delete TITLE DINARDO, ANTHONY NAME NAME 3470 Club Center Blvd. 4001 TAMIAMI TR. NORTH, STE. 350 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Naples, FL NAPLES FL 34103 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE WOODWARD, MARK J NAME NAME STREET ADDRESS 801 LAUREL OAK DR., STE, 710 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME 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:

PICHATURE AND THE PRINTED NAME OF SIGNING OFFICER OF DISECTOR

3/23/00

(941) 732-9400

Daytime F