2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 🏷 🔾 🔿 🔘 May 12, 2001 8:00 am Secretary of State G.T. Productions, Inc. 05-12-2001 90008 041 ***150.00 Principal Place of Business Mailing Address 2824 S. Grove St. 36121 Via Gran Suite B Grand Island, FL Eustis FL 32724 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 593606165 Not Applicable Zip 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 James R. Budzynski 1107 Club Hills Drive Street Address (P.O. Box Number is Not Acceptable) Fustis, FL 32726 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. (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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITLE President, Treasurer Delete TITLE Change ☐ Addition James R. Budzynski NAME NAME 1107 Club Hills Drive Eustis, FL 32726 Vice President, Secretary Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition NAME David G. Cleaver NAME 36121 Via Gran STREET ADDRESS STREET ADDRESS Grand Island, FL 32735 CITY-ST-ZIP CITY-ST-7/P TITLE Roland Verkauk TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. 352 - 357 - 3010 4.23.01 SIGNATURE: