2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} DOCUMENT # P99000061004 Jul 19, 2000 8:00 am 1. Entity Name Secrétary of State GULF BAY APPRAISALS, INC. 05-22-2000 90066 027 ***150.00 Principal Place of Business Mailing Address 4645 5TH AVENUE S.W. 4645 5TH AVENUE S.W. NAPLES FL 34119 NAPLES FL 34119-2916 2. Principal Place of Business 3. Mailing Address AUR SW AVENUE SU 4645 4645 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Ap 125 59-3655309 Not Applicable ADIF \$8.75 Additional Country Country 5. Certificate of Status Desired USP Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Arlos VASALLO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 4845-5TH-AVENUE-S.W. ---NAPLES FL: 34119 4645 AVENUE 54L 8. The above named entity submits this statement for the purpose of changing its/redistated office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campalgn 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 ... 1 3 1 2 3 4 3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:11. OFFICERS AND DIRECTORS 100 11. mie za sa ___ Change Addition E0:34 :9/89 TMLETS. ST. ☐ Delete Pris / CEO NAME NAME CONTRA CArlos VASALLO 4645 544 AVE SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NApliss ☐ Addition Change TITLE' ☐ Delete TITLE UP/CFO MANIA VASALLO NAME NAME Su AVE STREET ADDRESS STREET ADDRESS 544 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 CITY-ST-7IP Change Addition ☐ Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Addition ☐ Change TITLE -Delete NAME 194021-13 NAME STREET ADDRESS STREET ADDRESS ·CITY-ST-ZIP · CITY-ST-ZIP 13. It hereby certify that the information supplied with this filing does not availty for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental reports frue 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 of 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. 941 352 068 SIGNATURE:

Doc # 1797000061004 308474

July 10, 2000

Reference: P99000061004

Florida Department Of State, Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attention: Annual Reports Section

To Whom It May Concern:

Subject: Gulf Bay Appraisals, Inc.

Enclosed please find a corrected uniform business report (UBR). An application for employer identification number was faxed to IRS on June 22, 2000 in an effort to expedite the process. A replay from IRS via fax was received on July 7, 2000. A copy of said fax is enclosed for your review.

Carlos Vasallo