2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P99000072157 1. Entity Name AREND EASTGATE, INC. 03-05-2001 90349 005 ***150.00 Principal Place of Business Mailing Address 1301 GULF COAST BLVD 1301 GULF COAST BLVD VENICE FL 34292 VENICE FL 34292 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0948347 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AREND, DAVIN B Street Address (P.O. Box Number is Not Acceptable) 1301 GULF COAST BLVD VENICE FL 34292 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 (NOTE: Registered Agent signature required when reinstating) 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PST ☐ Change Addition TITLE ☐ Delete TITLE AREND, DAVIN B NAME NAME STREET ADDRESS 1301 GULF COAST BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 Addition TITLE Vice-PST ☐ Change ☐ Delete TITLE Hobby, Douglas 125 Airport Ave. #26 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Venice Fl. 34285 CITY-ST-ZIP ☐ Addition - - Change TITI F - Delete 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 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 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.

FILED

SIGNATURE: Signature and typed on Printed name of Signing Officer on Director B Ares 8 3-3-01 941-484-3222