2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P99000073648** 1. Entity Name GVB, INC. 04-27-2000 90002 036 ***158.75 Principal Place of Business Mailing Address 1101 NORTH LAKE DESTINY DRIVE, SUITE 400 1101 NORTH LAKE DESTINY DRIVE, SUITE 400 MAITLAND FL 32751 MAITLAND FL 32751-7119 948030 2. Principal Place of Business 3. Mailing Address 474 S. NOLIN LAKE BLIN BLD 474 S. NORTH LAKE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 1020 Sute 1020 City & State City & State 4. FEI Number Applied For Altomote 59-359 3957 Actuments Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 3270/ Fee Required 32701 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **DELGUIDICE, CHRISTOPHER** Street Address (P.O. Box Number is Not Acceptable) 474 S. NOLTH LAKE BLVI) 1101 NORTH LAKE DESTINY DRIVE, SUITE 400 SUME 1020 MAITLAND FL 32751 Zip Code **3270**/ 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 DATE 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, 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition ☐ Delete TITLE TITLE DELGUIDICE, CHRISTOPHER NAME NAME 474 S. NORTH LAKE BUND SUITE 1020 STREET ADDRESS STREET ADDRESS 1101 NORTH LAKE DESTINY DRIVE, SUITE 400 CITY-ST-ZIP CITY-ST-7IP ALIMMOTE MAITLAND FL 32751 ☐ Addition ☐ Delete TITLE Change 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 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ 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: