2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P99000073877 GULFSTREAM INFORMATION TECHNOLOGIES, INC. 04-09-2001 90051 050 ***150.00 Principal Place of Business Mailing Address 10121 SINTON DRIVE 1108, CLOUD CREST DRIVE 00032851 PENSACOLA FL 32507 BIRMINGHAM AL 35210 2, Principal Place of Business 4050 CAMA Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 58-2488744 Not Applicable 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 TIPPINS, MARK E Street Address (P.O. Box Number is Not Acceptable) 7015 SALAMANCA AVE JACKSONVILLE FL 35210 City 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. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550:00-Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PSRD CR2E034 (10/00) **PSRD** ☐ Delete TITLE TITLE Victor A Childres CHILDERS, VICTOR A NAME NAME 14950 CANAL-A-WAY DR. STREET ADDRESS 10121 SINTON DRIVE STREET ADDRESS lensacola, Fl. 32507 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ 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 TITLE ☐ Change ☐ Addition - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of trustee empowered to see the hierarchy of the corporation or the receiver of trustee empowered to see the hierarchy of the corporation or the receiver of trustee empowered to see the hierarchy of the corporation or the receiver of trustee empowered to see the hierarchy of the corporation or the receiver of trustee empowered to see the hierarchy of the corporation or the receiver of trustee empowered to see the hierarchy of the corporation of the corporation or the receiver of trustee empowered to see the hierarchy of the corporation of the corporation or the receiver of trustee empowered to see the hierarchy of the corporation of the corpor

SIGNING OFFICER OR DIRECTOR

SIGNATURE

4/5/0/ (450)492-775,

Daytime Phone #