FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90094 005 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077409

1. Entity Name
GOURLAY FINANCIAL, INC.

Principal Place of Business
11 LENORA DRIVE
HILTON HEAD ISLAND SC 29926

Mailing Address
11 LENORA DRIVE
HILTON HEAD ISLAND SC 29926

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3598404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GOURLAY, J. ROBERT
1602 W. SLIGH AVE. STE. 300
TAMPA FL 33604

7. Name and Address of New Registered Agent
Name: Robert H. Frey
Street Address (P.O. Box Number is Not Acceptable): ~~XXXXXXXXXXXXXXXXX~~
610 S. Boulevard,#100C
Tampa FL 33606

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 Fl

SIGNATURE: Robert H. Frey [signature] 4/17/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOURLAY, J. ROBERT 11 LENORA DRIVE HILTON HEAD ISLAND SC 29926 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GOURLAY, KAREN A 11 LENORA DRIVE HILTON HEAD ISLAND SC 29926 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: [signature] SIGNATURE REQUIRED J. ROBERT GOURLAY - PRESIDENT 2/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #
800 543 9040