2000 UNIFORM BUSINESS REPORT (UBR) FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # 799 0000 97224 G.B.T. ASSOCIATES, 05-31-2000 90070 006 ***150.00 Principal Place of Business Mailing Address 9800 SOUTH OCEAN DRIVE . B0100769 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0959575 Not Applicable Żip Country 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 Name CREGOLY C. PICKEN, ESQ Street Address (P.O. Box Number is Not Acceptable) GARY, DYTRYCH + RYAN P.A. 701 U.S. HIGH WAY ONG, SUITE 401 Zip Code NONTH PALM BEACH, FL 33408 8. The above framed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT TITLE Addition TITLE NAME NAME ANTHONY P. CARPENTIEN STREET ADDRESS STREET ADDRESS 45C N.E. OCEAN BLUD STUBLIF .01**3**34/2**4 (3** CITY-ST-ZIP SEG. TREASUNGN Addition GEORGE HALDING
GE AGUA RA. DL.
JENSEN BON FL 34957 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ___Change__ _ Addition VICE PRESIDENT Delete TITLE TITLE ROBELT W. BROCKWAY 10725 S: OCEAN DN H 245 JENSEN BON FC 34957 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition 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 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PL