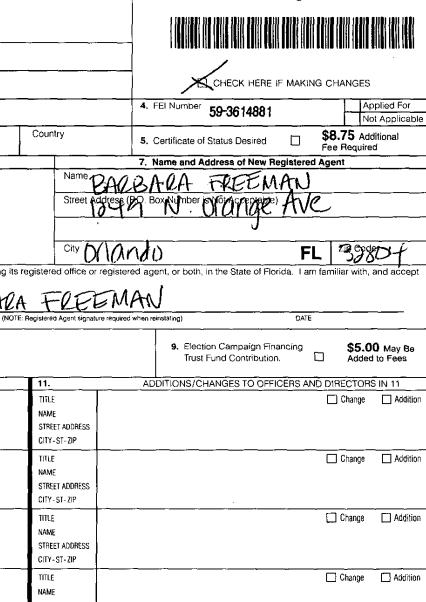
May 02, 2003 8:00 am § Secretary of State

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CITY-ST-7IP CITY-ST-ZIP 12. 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 the 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 trastee empty vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P99000109768

Mailing Address

ORLANDO FL 32804

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

11.

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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1249 N. ORANGE AVENUE

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

CQUA, MYRNA P

1249 N. ORANGE AVENUE ORLANDO FL 32804

the obligations of registered agent

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

1249 N. ORANGE AVENUE

vender wel, greg

ORLANDO FL 32804

1249 N. ORANGE AVE

ORLANDO FL 32804

PARRET, JOHN

City & State

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

1249 N. ORANGE AVENUE

ORLANDO FL 32804

GULF ATLANTIC TRUST, INC.

Country

6. Name and Address of Current Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office

ed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Change

Change

☐ Addition

Addition