2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State DOCUMENT # \$23968 GULLIVER & ASSOCIATES, INC. 05-11-2001 90050 004 ***150.00 Principal Place of Business Mailing Address 3215 S US 1 3215 S US 1 FORT PIERCE FL 34982 FORT PIERCE FL 34982 BIVd 2. Principal Place of Business 3. Mailing Address · Blvd DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0023817 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GULLIVER, KURTIS A. Street Address (P.O. Box Number is Not Acceptable) **503 WISTERIA AVE** FT. PIERCE FL 34982 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 Signature, typed or printed name of registered agent and title if applicable DATE (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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change ☐ Addition GULLIVER, KURTIS A. NAME NAME STREET ADDRESS 503 WISTERIA AVE. STREE! ADDRESS CITY-ST-ZIP CITY-ST-ZIE FT PIERCE FL PVT ☐ Delete Addition TITLE ☐ Change TITLE GULLIVER, KURTIS A. NAME NAME 503 WISTERIA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZiP FT. PIERCE FL ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITL 5 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR