2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 09, 2000 8:00 am **DOCUMENT # \$32924** 1. Entity Name **Secretary of State** GATOR COURT EQUIPMENT & SUPPLY, INC. 03-09-2000 90103 050 ***150.00 Mailing Address Principal Place of Business PO BOX 1610 E KETCH CT **DELRAY BCH FL 33447-1610 SOUND FL 33445** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0249204 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, SCOTT Street Address (P.O. Box Number is Not Acceptable) 8298 KETCH CT SUITE 205 HOBE SOUND FL 33455 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/99) ☐ Change Addition ☐ Delete TITLE MILLER, GREGORY SCOTT NAME NAME 8298 KETCH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE 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-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.

TITLE
NAME
STREET ADDRESS

TITLE

NAME

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

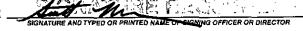
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



☐ Delete

☐ Delete

3/4/00

54-272-3643

☐ Change

☐ Change

Addition

■ Addition