FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State S86224 DOCUMENT # 1. Entity Name 05-28-2002 90703 048 ***158.75 GLE CONSTRUCTION SERVICES, INC. Mailing Address Principal Place of Business 1451 CHANNELSIDE DRIVE 1451 CHANNELSIDE DRIVE STE #200 STE #200 TAMPA FL 33605 TAMPA, FL 33605 US lus 3. Mailing Address 310 9 Dr. Martig Luther King 2. Principal Place of Business 3109 Dr. martin buther king DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. King, Jr., Blud. Suite SSO Jn. Blud. Suite 4. FEI Number 59-3090624 Applied For City & State City & State Not Applicable Tampa lampa \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 33607 LISA 33607 usa 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name GREENE, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 1451 CHANNELSIDE DRIVE STE #200 Zip Code **TAMPA FL 33605** City , the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) **⊠**Change ☐ Addition TITLE Delete TITLE pstd NAME GREENE, ROBERT B. NAME 3109 W. Dr. Martin Luther King Jr. Blud. STREET ADDRESS 451 CHANNELSIDE DRIVE, #200 STREET ADDRESS CITY-ST-ZIP C(TY-ST-ZIP 'ampa fl 33607 Tamps, ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 penort is fue and acceptate 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 trusted empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE

of the corporation or the recej changed, or on an attachmy

Date

Daytime Phone #