2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V55095 Apr 19, 2000 8:00 am GWEN TAYLOR GROUP, INC. **Secretary of State** 04-19-2000 90113 033 ***150.00 Principal Place of Business 1093 AIA BEACH BLVD., SUITE 210 St. AUGUSTINE BOH, FL 32084-6745 3. Mailing Address 605 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional Certificate of Status Desired 32084 JOHN Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1093 AIA BEAGH BLUD, STE210 ST. AUGUSTNE, FL 32-84-6745 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 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, 2000 Fee will be \$550.00 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. DIRECTOR / FROIDENT TITLE ☐ Delete TITLE Addition NAME 1093 AIA BEACH BLVD, STE, 210 11th STREET 605 STREET ADDRESS STREET ADDRESS ST AUGUSTINE, FL 32084 ST. HUGUSTINGBOH, FL 32084-674 CITY-ST-ZIP CITY-ST-ZIP AKKTSIBNBREGER Delete
1093 AIA BEACH BLVD, STE 210 Addition TITLE TITLE ALLYSON M. BREGER 605 11th STREET NAME NAME STREET ADDRESS STREET ADDRESS ST. AUGUSTINE BUH, FL 32084-6745 ST. AUGUSTINE, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition 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 Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 of 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 another like empowered. SIGNATURE:

MATURE AND TYPED

RENTED NAME OF SIGNING OFFICER OR DIRECTOR