(9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2002 8:00 am DOCUMENT # P00000046261 **Secretary of State** 1. Entity Name 02-03-2002 90019 037 ***150.00 GMG CONSULTING, INC. Principal Place of Business Mailing Address 100 A BISCAYNE AVE 100 A BISCAYNE AVE TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3666910 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARRETT, GARY M Street Address (P.O. Box Number is Not Acceptable) 100 A BISCAYNE AVE TAMPA FL 33606 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME NAME GARRETT, GARY M STREET ADDRESS 100 A BISCAYNE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME GARRETT, KATHLEEN R STREET ADDRESS STREET ADDRESS 100 A BISCAYNE AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition 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 TITLE ☐ Delete TITLE ☐ Change Addition 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. Hurther 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: