

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90114 048 ***150.00

DOCUMENT # P01000015450
1. Entity Name
GLADYS OF USA INC.

10050001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2200 Gladys St.		3. Mailing Address 2200 Gladys St.	
Suite, Apt. #, etc. Apt. 2305		Suite, Apt. #, etc. Apt. 2305	
City & State Largo, FL		City & State Largo, FL 33774	
Zip 33774	Country	Zip 33774	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3696444		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Tomach Dmohovski

Street Address (P.O. Box Number is Not Acceptable)
2200 Gladys Street Apt. 2

City
Largo **FL** Zip Code
33774

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 *Tomach Dmohovski* **Tomach Dmohovski** DATE **4/5/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tomach Dmohovski 2200 Gladys Street Apt. 2305 Largo, FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Tomach Dmohovski* **Tomach Dmohovski** / **4/5/03** (727)251-1356
Date Daytime Phone #

CR2E034B (12/01)