

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90113 042 \*\*\*150.00

04/24/03 AT

**DOCUMENT # P01000051977**

1. Entity Name  
**GBH CONSULTING INC.**



Principal Place of Business  
**9710 CYPRESS PINE STREET  
ORLANDO FL 32827**

Mailing Address  
**9710 CYPRESS PINE STREET  
ORLANDO FL 32827**



2. Principal Place of Business  
**310 LAGO CIRCLE**

3. Mailing Address  
**310 LAGO CIRCLE**

Suite, Apt. #, etc.  
**APT 100**

CHECK HERE IF MAKING CHANGES

City & State  
**WEST MELBOURNE, FL**

City & State  
**WEST MELBOURNE, FL**

4. FEI Number **59-3722189**

Applied For  
 Not Applicable

Zip Country  
**32904 USA**

Zip Country  
**32904 USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANNA, GREGORY  
9710 CYPRESS PINE STREET  
ORLANDO FL 32827**

7. Name and Address of New Registered Agent

Name **GREGORY HANNA**

Street Address (P.O. Box Number is Not Acceptable)  
**310 LAGO CIRCLE APT 100**

City **WEST MELBOURNE** FL Zip Code **32904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Gregory Hanna** DATE **4-20-03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE <b>PDT</b>	<input type="checkbox"/> Delete
NAME <b>GREGORY, HANNA</b>	
STREET ADDRESS <b>13013 MULBERRY PK DR #218</b>	
CITY-ST-ZIP <b>ORLANDO FL 32821</b>	
TITLE <b>VDS</b>	<input type="checkbox"/> Delete
NAME <b>NICHOLAS, SINGLETON</b>	
STREET ADDRESS <b>13013 MULBERRY PK DR #218</b>	
CITY-ST-ZIP <b>ORLANDO FL 32821</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PDT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GREGORY HANNA</b>	
STREET ADDRESS <b>310 LAGO CIRCLE APT 100</b>	
CITY-ST-ZIP <b>WEST MELBOURNE, FL 32904</b>	
TITLE <b>VDS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NICHOLAS SINGLETON</b>	
STREET ADDRESS <b>310 LAGO CIRCLE APT 100</b>	
CITY-ST-ZIP <b>WEST MELBOURNE, FL 32904</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **NICHOLAS SINGLETON** DATE **4/19/2003** DAYTIME PHONE # **321-309-2563**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)