

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90518 001 ***158.75

DOCUMENT # P93000072986

1. Entity Name
GAPSS, INC.



Principal Place of Business
**3737 DOMESTIC AVE.
#4
NAPLES FL 34104
US**

Mailing Address
**3737 DOMESTIC AVE.
#4
NAPLES FL 34104
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

4. FEI Number **65-0448662**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORRIS, ROBERT S
335 SAILFISH CT.
PUNTA GORDA FL 33982**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	DC	<input type="checkbox"/> Delete
NAME	MORRIS, ROBERT S.	
STREET ADDRESS	335 SAILFISH COURT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GARDNER, MICHAEL	
STREET ADDRESS	5801 CRYSTAL LAKE LN #102	
CITY-ST-ZIP	N. FORT-MYERS FL 33917	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GARDNER, GARY	
STREET ADDRESS	15512 ORANGEADE DR	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BENDITT, FRANK	
STREET ADDRESS	6982 BARBOUR RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
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	<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	
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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: FRANK BENDITT **FRANK BENDITT** 4/24/03 561 239 6994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)