

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90657 030 ***150.00



DOCUMENT # P94000092542
1. Entity Name
G S F ENTERPRISE, INC.

Principal Place of Business
**20 W. ROYAL PALM AVE.
LAKE PLACID FL 33852**

Mailing Address
**PO BOX 182
LAKE PLACID FL 33852
US**



2. Principal Place of Business
1 Hickory Drive

3. Mailing Address
1 Hickory Drive

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Lake Placid FL

City & State
Lake Placid FL

Zip
33852

Country
USA

4. FEI Number **59-3286018**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FOSTER, GREGG S
20 W. ROYAL PALM AVE.
LAKE PLACID FL 33852**

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 **Gregg S. Foster** *Am. J. D.*

Signature, typed or printed name of registered agent and title if applicable. (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 D	<input type="checkbox"/> Delete
NAME FOSTER, GREGG S	
STREET ADDRESS 20 W. ROYAL PALM AVE. 1 Hickory Drive	
CITY-ST-ZIP LAKE PLACID FL 33852	
TITLE D	<input type="checkbox"/> Delete
NAME FOSTER, BRENDA M	
STREET ADDRESS 20 W. ROYAL PALM AVE. 1 Hickory Drive	
CITY-ST-ZIP LAKE PLACID FL 33852	
TITLE Director	<input type="checkbox"/> Delete
NAME Lusby, David	
STREET ADDRESS 20 W. Royal Palm Ave	
CITY-ST-ZIP Lake Placid FL 33852	
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	<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
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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: **Gregg S. Foster** *Am. J. D.* **(813) 465-5214**

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

CR2E034 (10/02)