

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90028 026 ***150.00

DOCUMENT # P97000074180

1. Entity Name

GNU INDUSTRIES, INC.

Principal Place of Business

Mailing Address

1904 S OCEAN DRIVE #1604
 HALLANDALE FL 33009

1904 S OCEAN DRIVE #1604
 HALLANDALE FL 33009

00030825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10140 N.W 53rd St

3. Mailing Address

10140 N.W 53rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise Florida

City & State

Sunrise Florida

4. FEI Number

65-0779999

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLARDON, CHRIS
 1904 SOUTH OCEAN DRIVE #1604
 HALLANDALE FL 33009

Name

Chris Glardon

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

10140 N.W 53rd St.

City

Sunrise

FL

Zip Code

33351

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

Chris Glardon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GLARDON, CHRISTOPHER	1904 S OCEAN DRIVE #1604	HALLANDALE FL 33009	<input type="checkbox"/>
D	SATTLER, CLAYTON N	1904 S OCEAN DRIVE #1604	HALLANDALE FL 33009	<input type="checkbox"/>
D	TUPPUTO, MICHAEL	1904 S OCEAN DRIVE #1604	HALLANDALE FL 33009	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

Chris Glardon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/01

Daytime Phone #

CR2E034 (10/00)