2001 UNIFORM BUSINESS REPORT (UBR)						FILE	D			
DOCUMENT # P98000025640 1. Entity Name GDT INVESTMENTS, INC.					Apr 26, 2001 08:00 AM Secretary of State					
Principal Plac	e of Business EE LOOP WEST	Mailing Address								
LAKELAND 338131308	FL US	LAKELAND 338076276	us	FL						
2. Principal P	lace of Business	3. Mailing Address 3815 BENT TREE LOOP WEST							-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	DO NOT WE	ITE IN THIS SP	ACE	–	
City & State	е	City & State			4. FEI Number Applied For 59-3506638 Not Applicable					Ì
Zip	Country	Zip 338131308	Coun	itry		Certificate of Status Desired		8.75 Add		-
	6. Name and Address of Current I			1	7 N	ame and Address of New		e Require	<u> </u>	4
CUTHBERTSON GORDON R 3815 BENT TREE LOOP,WEST				Name CUTHBERTSO Street Address 3815 BENT TR	ON (GORDON R DX Number is Not Acceptab		ent		-
LAKELAND FL 338131308				City			FL	Zip Cod	e	-
8. The above	named entity submits this statement for	the purpose of changing its re	eaister	LAKELAND ed office or regist	ered age	ent, or both, in the State of F		3381313	08	-
SIGNATURE .	GORDON CUTHBER' Signature, typed or printed name of registered agent a	TSON		d Agent signature requi			- 04/26/2	001	<u> </u>	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOWIII After MAY 1, 200 Make Check Payable	Fee	will be \$550.00		10. Election Campaign F Trust Fund Contributi			0 May Be i to Fees	
11.	OFFICERS AND I		12.		AD1	DITIONS/CHANGES TO OF	FICERS AND D	IRECTOR	3 IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BYERS TERRY L 1165 BROOK MEADOW DR LAKELAND	☐ Delete FL 33813					ĺ	☐ Change	☐ Addition	:034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUBBARD G. DANIEL 502 WEST CHERRY STREET PLANT CITY	☐ Delete					[Change	Addition	CR2EC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUTHBERTSON GORDON 3815 BENT TREE LOOP, WEST LAKELAND	☐ Delete R FL 338131308					<u> </u>	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					E	Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my wered to execute this report as	, כירוחם	fiira chall nava th	s come i	adal attact on it made unde	محما فمطة بطفحم		ar disastar	
SIGNAT		RINTED NAME OF SIGNING OFFICER OF	RDIRECT	TOR	P	D 04/26/2001 Date	Dayt	rne Phone #		