

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90232 011 \*\*\*150.00

**DOCUMENT # P99000089543**

1. Entity Name  
**GNA COMPANY**

Principal Place of Business 604 ASBURY WAY BOYNTON BEACH FL 33426	Mailing Address 604 ASBURY WAY BOYNTON BEACH FL 33426-5517
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>900 VIA LUGANO CIRCLE</b>	3. Mailing Address <b>900 VIA LUGANO CIRCLE</b>
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Suite, Apt. #, etc. <b>APT. 209</b>	Suite, Apt. #, etc. <b>APT 209</b>
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City & State <b>BOYNTON BEACH, FL</b>	City & State <b>BOYNTON BEACH, FL</b>
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4. FEI Number <b>65-0953169</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <b>33436</b>	Country	Zip <b>33436</b>	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**HILL, GEORGE II**  
**604 ASBURY WAY**  
**BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent  
 Name **GEORGE HILL II**  
 Street Address (P.O. Box Number is Not Acceptable)  
**900 VIA LUGANO CIRCLE**  
**APT 209**  
 City **BOYNTON BEACH** FL **33436**

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 **GEORGE HILL II - PRESIDENT** DATE **4-20-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILL, ANGELLA J</b> <b>604 ASBURY WAY</b> <b>BOYNTON BEACH FL 33426</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, VP, S, T AND DIRECTOR</b> <b>GEORGE HILL II</b> <b>900 VIA LUGANO CIRCLE APT. 209</b> <b>BOYNTON BEACH, FL 33436</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **GEORGE A. HILL II** DATE **4-20-00** Daytime Phone # **561-310-2074**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)