2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000089543 May 23, 2000 8:00 am 1. Entity Name Secretary of State **GNA COMPANY** 05-23-2000 90232 011 ***150.00 Mailing Address Principal Place of Business 604 ASBURY WAY 604 ASBURY WAY BOYNTON BEACH FL 33426-5517 **BOYNTON BEACH FL 33426** 3. Mailing Address 900 VIA LVGANO CIRCLE 2. Principal Place of Business 900 VIA LUGANO CIRCLE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 209 209 4. FEI Number 65-0953169 Applied For Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILL. GEORGE II (NEW ADDRESS) 604 ASBURY WAY **BOYNTON BEACH FL 33426** NYNTON BEACH 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 ature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. P, VP, S; T AND DIRFLTOR Change ☐ Addition Delete TITLE TITLE GEORGE HILLI HILL. ANGELLA J NAME NAME GOOVIA LUGANO CIRCLE APT. 209 BOYNTON BEACH, FL 33436 604 ASBURY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33426** CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE:

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

GEORGE A. HILLIT.

4-20-00

561-310-2074

[] Change

☐ Addition

Daytime Phone #