

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085510

Entity Name: GSL SOLUTIONS, INC.**Current Principal Place of Business:**1211 N WESTSHORE BLVD
SUITE 404
TAMPA, FL 33607**Current Mailing Address:**1211 N WESTSHORE BLVD
SUITE 404
TAMPA, FL 33607 US**FEI Number:** 65-0926109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCNAMARA, THOMAS P
2907 BAY TO BAY BLVD. SUITE201
TAMPA, FL 33629 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	GAINES, MICHAEL A
Address	1211 N WESTSHORE BLVD SUITE 404
City-State-Zip:	TAMPA FL 33607

Title	SECRETARY
Name	SILCOX, JAMES T
Address	1211 N WESTSHORE BLVD SUITE 404
City-State-Zip:	TAMPA FL 33607

Title	TREASURER
Name	CLENDENIN, TYLER
Address	1211 N WESTSHORE BLV SUITE 404
City-State-Zip:	TAMPA FL 33607

Title	PRESIDENT
Name	BRIAN, GLEASON
Address	1211 N WESTSHORE BLVD SUITE 404
City-State-Zip:	TAMPA FL 33607

Title	VP
Name	GAMBINO, SARAH
Address	1211 N WESTSHORE BLVD SUITE 404
City-State-Zip:	TAMPA FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A GAINES**CEO****05/11/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date