

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90116 018 ***150.00

DOCUMENT # 316186

1. Entity Name
GB INSTRUMENTS INC.



Principal Place of Business
**1143 W NEWPORT CTR DR
DEERFIELD BEACH FL 33442**

Mailing Address
**1143 W NEWPORT CTR DR
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1166350**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**A&P REGISTERED AGENT, INC.
2450 SW 137TH AVE., SUITE 226
MIAMI FL 33175**

Name **Maurice Rochman**

Street Address (P.O. Box Number is Not Acceptable)
1143 W. Newport Center Drive

City **Deerfield Beach**

FL

Zip Code
33442

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. I am familiar with, and accept the obligations of registered agent.

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

Maurice Rochman, President, CEO

03/25/2003
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TSV** ☐ Delete
NAME **BALDATTI, SUSANA**
STREET ADDRESS **10590 NW 18TH COURT**
CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ Change ☒ Addition
NAME **DAVID F. LEVY**
STREET ADDRESS **5255 N. FEDERAL HWY**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **D** ☐ Delete
NAME **GRAVES, G BARRY**
STREET ADDRESS **5184 DAVANTRY DR**
CITY-ST-ZIP **DUNWOODY GA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PC** ☐ Delete
NAME **ROCHMAN, MAURICE**
STREET ADDRESS **9561 NW 13TH ST.**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WIENEA, LAWRENCE**
STREET ADDRESS **3939 HOLLYWOOD BLVD SUITE 1A**
CITY-ST-ZIP **JOLLYWOOD FL**

TITLE **D** ☒ Change ☐ Addition
NAME **WIENER, LAWRENCE**
STREET ADDRESS **3939 HOLLYWOOD BLVD, SUITE 1A**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **D** ☐ Delete
NAME **DEA, RICHARD F**
STREET ADDRESS **403 SE 1ST STREET**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **WOLKENFELD, MARK**
STREET ADDRESS **17635 NE 8TH CT**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/2003 954-596-5000
Date Daytime Phone #

CR2E034 (10/02)

3/25/2003

80065433

Florida Department of State
Division of Corporation
2002 Uniform Business Report (UBR)

Document #316186
G B Instruments, Inc

Continuation of Block 11 delete director

Title: DIRECTOR
Name: STAUFFER, LLOYD M. JR
Street Address: 10526 SW 22nd Avenue
City, St, ZP: Gainesville, FL 32607


SIGNATURE, TITLE

03/25/2003
DATE

Maurice Rochman
PRINT NAME