

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 416593

1. Entity Name

GBS LIQUIDATION, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90117 024 ***150.00

Principal Place of Business

2400 31ST ST., SO.
P.O. BOX 10429
ST PETERSBURG FL 33733

Mailing Address

2400 31ST ST., SO.
P.O. BOX 10429
ST PETERSBURG FL 33733-0429

2. Principal Place of Business

3. Mailing Address

2010 Bayview Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tierra Verde, FL

4. FEI Number

59-1434891

Applied For

Not Applicable

Zip

Country

Zip

Country

33715

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISAACS, HOWARD
2400 31ST ST., SO.
ST PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name

Isaacs, Howard

Street Address (P.O. Box Number is Not Acceptable)

2010 Bayview Drive

City

Tierra Verde

FL

Zip Code

33715

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ISAACS, SHERYLE	
STREET ADDRESS	2400 31ST ST., SO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	ISAACS, HOWARD	
STREET ADDRESS	2400 31ST ST., SO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	CORDIER, ROBERT E.	
STREET ADDRESS	2400 31ST ST., SO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, CHRISTOPHER	
STREET ADDRESS	849 APALACHEE DR., NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Isaacs Sheryle	
STREET ADDRESS	2010 Bayview Drive	
CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Isaacs, Howard	
STREET ADDRESS	2010 Bayview Drive	
CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Sheryle Isaac
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-00

727 567-7028

CR2E034 (9/99)