## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## 434071 **DOCUMENT #**

1. Entity Name

G-A BUILDING CORPORATION

				A WE TO S				
Principal Place of Business 1230 80TH ST SOUTH ST PETERSBURG FL 33707		1230 80TH ST	Mailing Address 1230 80TH ST SOUTH ST PETERSBURG FL 33707		60001643			
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		1 59-1482055 1		oflied For	
Zip	Piwellas	Zip	Cont	veller	5. Certificate of Status Desire		8.75 Add	ditional
	6. Name and Address of Co	urrent Registered Agent			7. Name and Address of Nev	w Registered Ag	ent	1
				Name				
EINSTEIN, JOEL 1230-80TH ST SO				Street Address (P.O. Box Number is Not Acceptable)				
•	RSBURG FL 33707			, ,,,,				
				City		FL	Zip Cod	e
8. The above	e named entity submits this staten	nent for the purpose of ch	anging its registers	d office or register	red agent, or both, in the State of		niliar with	and accept
. Afte	Signature, typed or printed name of registere FILE NOW!!! FEE IS \$150.0 or May 1, 2003 Fee will be \$55 ck Payable to Florida Departm	0.00	(NOTE: Registered	Agent signature required	9. Election Campaign Trust Fund Contribu	· · ·		<b>0</b> May Be I to Fees
10.	OFFICERS	AND DIRECTORS	11.		ADDITIONS/CHANGES TO C	FFICERS AND D	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT EINSTEIN, JOEL- 1230-80TH ST SO ST PETERSBURG FL 33707	□ D	NAME STREE	T ADDRESS ST- ZIP		[	_ Change	Addition Addition
TITLE	VS			31-21			] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	EINSTEIN, FLORENCE 1230-80TH ST SO ST PETERSBURG FL 33707		NAME Stree City-	T ADDRESS		_		
TITLE NAME Street Address City-St-Zip	Same and the second sec	—— ⊡·Di	elete TITLE NAME STREE CITY-S	T ADDRESS		[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ D <sub>€</sub>	NAME	T ADDRESS		נ	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	NAME	T ADDRESS ST-ZIP		E	] Change	Addition
TITLE		□ De	elete TITLE				Change	Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90066 032 \*\*\*150.00