

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM**
Secretary of State**DOCUMENT # F94000005368****1. Entity Name**
GNF INC.**Principal Place of Business**

7903 GARDNER DRIVE

NAPLES
33942

FL

Mailing Address

7903 GARDNER DRIVE

NAPLES
33942

FL

2. Principal Place of Business
7903 GARDNER DRIVE**3. Mailing Address**
7903 GARDNER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES

FL

City & State
NAPLES

FL

4. FEI Number**65-0515339**

Applied For

Not Applicable

Zip
34109

Country

Zip
34109

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**BIRTOLO PETER
7903 GARDNER DRIVENAPLES
33942

FL

7. Name and Address of New Registered Agent**Name**

BIRTOLO PETER

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

7903 GARDNER DRIVE

City
NAPLES

FL

Zip Code
34109**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)

04/28/2000

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	VT	<input type="checkbox"/> Delete
NAME	BIRTOLO PETER	
STREET ADDRESS	7903 GARDNER DRIVE	
CITY-ST-ZIP	NAPLES FL 33942	

TITLE	PS	<input type="checkbox"/> Delete
NAME	BIRTOLO PAM	
STREET ADDRESS	7903 GARDNER DRIVE	
CITY-ST-ZIP	NAPLES FL 33942	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRTOLO PETER	
STREET ADDRESS	7903 GARDNER DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRTOLO PAM	
STREET ADDRESS	7903 GARDNER DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	

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		

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:** Peter Birtolo

VT

04/28/2000