2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004241

1. Entity Name

GTB DATA SYSTEMS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90464 037 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								-					
Supplementation of the control of th	810 SATURN	STREET. #16-		810 \$	säturn street. #1	6-182		,					
City & State City & State Country Country Country S. Certificate of Status Desired S. S. 75 Applied Fig. None and Address of New Registered Agent FLE Country Street Address (P.O. Box Number is Not Acceptable) Street A	2. Principal Place of Business				3. Mailing Address								
Second Processes Second Proc	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent Stock Address of New Registered Agent Name Stock Address of New Registered Agent Name Stock Address of New Registered Agent Other Stock Address of New Registered Agent Stock Address of New Registered Agent Other Stock Addr	City & State			City & State				4	55-07/4 4 2221				
BOSHKO, GREGORY T 810 SATURN STREET, #16-182 JUPITER FL 33477 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and acceptable of registered agent, or both, in the State of Florida. I am familiar with and acceptable of registered agent. SIGNATURE Supmare, board or scried name of ingolivered agent and time respirators.	Zip	Zip Country				Coun	stry 5. Certificate of Status Dec			Status Desired	red S8.75 Additional		
Name		6. Name	and Address of Current F	Register	ed Agent		ļ	7	. Name and A	ddress of New	Registered A	gent	
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent. SIGNATURE TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Foreida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-	810 SATU	irn street						dress (P.O	. Box Number i	s Not Acceptat	pie)		
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to provide agent agent. SignATURE	JUPITER	FL 33477					City				FI	Zip Cod	le
Signature, Upped or primed name of registroned agent and site if approaches Agent signature required when remaistancy) DATE	8. The above	e named entity tions of regist	v submits this statement for ered agent.	the purp	oose of changing its	registere	d office or re	egistered	agent, or both,	in the State of F		miliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SIREST ADDRESS CITY-ST-2IP TITLE NAME SIREST ADDRESS CITY	SIGNATURE	Signature, typed	or printed name of registered agent ar	nd title if app	Dicable. (NOTE	: Registered	d Agent signature	required whe	n reinstating)		DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addi NAME STREET ADDRESS CITY-ST-ZIP	Afte	r May 1, 200	3 Fee will be \$550.00	State									
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NAME STREET ADDRESS STREET ADDRESS	NAME Street address			•	☐ Delete	NAME STREE	T ADDRESS		1		[Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			,		NAME STREE CITY-	T ADORESS ST-ZIP					-	☐ Addition

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 the 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-5003

561 747 3551

Daytime Phone #