2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUM



7.

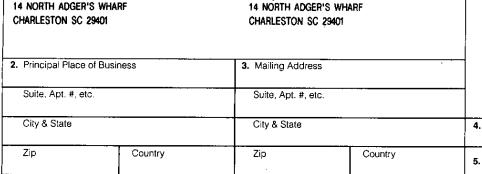
Street Address (P.O. E

(NOTE: Registered Agent signature required when reinstating)

FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90059 003 ***150.00

1. Entity Name GTA GP, INC.	F97000005832		
Principal Place of Business	Mailing Address		



6. Name and Address of Current Registered Agent



FEI Number 58-2290217			Applied For
30-229021/			Not Applicable
Certificate of Status Desired]		75 Additional Required
Name and Address of New Regist	ered .	Agent	
The second section of the second seco	··	~ * * · ·	<u>-</u>
Box Number is Not Acceptable)			
	FL	Z	ip Code

DATE

C T CORPORATION SYSTEM			
1200 SOUTH PINE ISLAND ROAD			
PLANTATION FL 33324			

SIGNATURE

	City	FL	Zip Code
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.	ed office or registered agent, or both, in the State of Florida.	I am fan	niliar with, and accept

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

1			,	
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP BLAIR, W. BRADLEY II 14 NORTH ADGER'S WHARF CHARLESTON SC 29401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BLAIR, W. BRADLEY II 14 NORTH ADGER'S WHARF CHARLESTON SC 29401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PETERS, SCOTT D 14 NORTH ADGER'S WHARF CHARLESTON SC 29401	Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition —
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

SIGNATURE:

Daytime Phone #