

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.

Account Number: 076666002140 Phone: (727)461-1818

Fax Number : (727)461-1818 Fax Number : (727)441-8617

02 APR 26 AM 7: 43

REGISTERED AGENT CHANGE

GP PINELLAS, INC.

Certificate of Status	1
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Corporate Filings

Public Access Help.

04-25-02 09:37pm

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

submits the following statement in order to change its the State of Florida.	of the State of Nevada, authorized to transact bus registered office or registered agent, or both, in Florida
1. The name of the corporation: GP Pinellas, Inc	
of the corporation . Gr Finelias, Inc	C
2. The mailing address of the corporation : One	Sierragate Plaza, Suite C-275
Roser	ville, CA 95678
0.70	
3. Date of incorporation/qualification: 4/29/99	Document number: F99000002206
The name and address of the current registered agent a	
Amber F. Willi	ams. Require
c/o Southport	Financial Services
	ay Boulevard, Suire 404
The name and address of the	orida 33759
The name and address of the new registered agent (if c	hanged) and/or registered office (if charged)
Janie Goodin	ceptable)
Southport Finan	ncial Services 95 E
3000 Gulf-to-B	ay Boulevard, Suite 404
Clearwater, Flo	orida 33759 ~ 7
he street address of its registered office and the street a gent, as changed, will be identical.	ddress of the business office of its registered
uch change was authorized by the later and	· · · · · · · · · · · · · · · · · · ·
such change was authorized by resolution duly adopted in thorized by the board.	by its board of directors or by an officer so
1 D-1 +2	
(Signature of an officer, chairman of vice chairman of the board)	4/1/02
0 000	(Date)
(Printed or typed name and title)	
Tvino heen named as resistant.	
rporation, I hereby accept the appointment as registers	vice of process for the above stated
ariner agree to comply with the provisions of all statute rformance of my duties, and I am familiar with	es relative to the proper and complete
aving heen named as registered agent and to accept ser progration, I hereby accept the appointment as registere wither agree to comply with the provisions of all statute rformance of my duties, and I am familiar with and accept gistered agent.	cept the obligation of my position as
Janes Nonder	
nie Good in Signature of Registered Agent)	4/1/02 (Date)
igning on behalf of an entry:	(DAIL)
- A Mariny,	
(Typed or Printed Name)	
· ·•	(Capacity)
* * * FILING FEE: \$35	5 AD * * *
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DIVISION OF CORPORATIONS P.O. Box 6327	

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