

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006162

1. Entity Name

GMA DESIGN GROUP, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90054 015 ***150.00

Principal Place of Business

Mailing Address

1700 SOUTH BRENTWOOD BLVD., SUITE 701
ST. LOUIS MO 63144

1700 SOUTH BRENTWOOD BLVD., SUITE 701
ST. LOUIS MO 63144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1750 S. BRENTWOOD BLVD

3. Mailing Address

1750 S. BRENTWOOD BLVD.

Suite, Apt. #, etc.

SUITE 701

Suite, Apt. #, etc.

SUITE 701

City & State

ST. LOUIS, MO

City & State

ST. LOUIS, MO

4. FEI Number

43-1871058

Applied For

Not Applicable

Zip

63144

Country

U.S.A.

Zip

63144

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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)

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	PD	<input type="checkbox"/> Delete
NAME	ARNOLDY, RICHARD R	
STREET ADDRESS	1700 SOUTH BRENTWOOD, SUITE 701	
CITY-ST-ZIP	ST. LOUIS MO 63144	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLSTE, STEPHEN F	
STREET ADDRESS	1700 SOUTH BRENTWOOD, SUITE 701	
CITY-ST-ZIP	ST. LOUIS MO 63144	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALBERS, GREGORY M	
STREET ADDRESS	5425 BEAUMONT CENTER BLVD., SUITE 918	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, RUSSELL R JR.	
STREET ADDRESS	5425 BEAUMONT CENTER BLVD., SUITE 918	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	<input type="checkbox"/> Delete
NAME	SEUFERT, BRIAN D	
STREET ADDRESS	5425 BEAUMONT CENTER BLVD., SUITE 918	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COOK, JEFFREY L	
STREET ADDRESS	1700 SOUTH BRENTWOOD, SUITE 701	
CITY-ST-ZIP	ST. LOUIS MO 63144	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1750 SOUTH BRENTWOOD BLVD, SUITE 701
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1750 SOUTH BRENTWOOD BLVD., SUITE 701
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1750 SOUTH BRENTWOOD BLVD, SUITE 701
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5/1/00 Date

X 314/963-0715 Daytime Phone #

CR2E034 (9/99)