

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H58453

1. Entity Name

G & P SUPPLY CORPORATION

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90069 026 ***150.00

Principal Place of Business

14115 63RD WAY NORTH
CLEARWATER FL 34620
US

Mailing Address

14115 63RD WAY NORTH
CLEARWATER FL 33760-3617
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2619572

Applied For

Not Applicable

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

SWOBODA, RUDOLF G.
6340 6TH AVENUE NORTH
ST. PETERSBURG FL 33710

Name

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

8330- 40th AVE. N.

City

ST. PETERSBURG

FL

Zip Code

33709

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

02-20/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MEYER, ARNFRIED
CITY-ST-ZIP 5925 BAYOU GRANDE BLVD
ST PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PST
STREET ADDRESS MEYER, ARNFRIED
CITY-ST-ZIP 5925 BAYOU GRANDE BLVD
ST PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GEBHARDT, HANNELORE
CITY-ST-ZIP 5925 BAYOU GRANDE BLVD
ST PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VD
STREET ADDRESS GEBHARDT, HANNELORE
CITY-ST-ZIP 5925 BAYOU GRANDE BLVD
ST PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS SWOBODA, RUDOLF G
CITY-ST-ZIP 6340 6TH AVE. N.
ST. PETERSBURG FL 33710

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8330- 40th AVE. N.
CITY-ST-ZIP ST. PETERSBURG, FL. 33709

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-00

(727) 391-6342

CR2E034 (9/99)