


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90135 039 ***150.00

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DOCUMENT # H85582	
1. Entity Name G.F.S. COMPUTING, INC.	

Principal Place of Business 4475 US 1 SOUTH SUITE 102 ST. AUGUSTINE FL 32086	Mailing Address 4475 US 1 SOUTH SUITE 102 ST. AUGUSTINE FL 32086
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-2605683	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
COOK, J.B. 4475 US SOUTH SUITE 102 ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent
Name <u>Dennis Edwards</u>
Street Address (P.O. Box Number is Not Acceptable) <u>4475 US 1 South #102</u>
City <u>St. Augustine FL</u> FL Zip Code <u>32086</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE J.B. Cook DATE 7/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	COOK, JAMES BRIAN
STREET ADDRESS	6975 CHARLES STREET
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	NAME
STD	COOK, PEGGY RAPHAEL
STREET ADDRESS	6975 CHARLES STREET
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	NAME
VD	BAYLY, CARTER R
STREET ADDRESS	1-B A STREET
CITY-ST-ZIP	ST. AUGUSTINE BCH FL
TITLE	NAME
PD	EDWARDS, DENNIS
STREET ADDRESS	117 SUMMITT WALK
CITY-ST-ZIP	PEACHTREE CITY GA 30269
TITLE	NAME
TD	LUGBAUER, CHRIS
STREET ADDRESS	8 ROCKLEDGE DRIVE
CITY-ST-ZIP	PLEASANT VALLEY NY 12569
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE REQUIRED 7/30/03 904-797-7058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)