

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H98620

1. Entity Name
GMP INDUSTRIES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90323 018 ***150.00

Principal Place of Business

6760 NW AVE RD
OCALA FL 34475

Mailing Address

~~PO BOX 729~~
~~REDDICK FL 32686~~
~~US~~

2. Principal Place of Business

3. Mailing Address
20 SOUTH BROAD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BROOKSVILLE, FL

4. FEI Number **59-2682952**

Applied For
Not Applicable

Zip

Country

Zip
34601

Country
HERNANDO

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

~~PICKEL, REBECCA M.~~
~~8320 NW 47TH STREET~~
~~OCALA FL 34482~~

Name **THOMAS S. HOGAN, JR.**
Street Address (P.O. Box Number is Not Acceptable)
20 SOUTH BROAD STREET
City **BROOKSVILLE** **FL** Zip Code **34601**

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

Thomas S. Hogan, Jr.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-17-01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	SD PICKEL, REBECCA M. RT 1 BOX 4935 WILLISTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKEL, GARY M. RT 1, BOX 4935 WILLISTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLAS DOWNES 1115 SOUTH MAIN STREET BROOKSVILLE, FL 34601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENDRA SITTIG 1115 SOUTH MAIN STREET BROOKSVILLE, FL 34601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D R. VICTOR TAGLIA 1115 SOUTH MAIN STREET BROOKSVILLE, FL 34601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS S. HOGAN, JR. 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

R. Victor Taglia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)