

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H98620

FILED  
Apr 19, 2002 8:00 AM  
Secretary of State

Entity Name: GMP INDUSTRIES, INC.

## Current Principal Place of Business:

6760 NW AVE RD  
OCALA, FL 34475

## New Principal Place of Business:

## Current Mailing Address:

20 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601 US

## New Mailing Address:

FEI Number: 59-2682952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOGAN, THOMAS S JR  
20 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DOWNES, NICHOLAS  
Address: 1115 SOUTH MAIN STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: ST ( ) Delete  
Name: SITTIG, KENDRA  
Address: 1115 SOUTH MAIN STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D ( ) Delete  
Name: TAGLIA, R. VICTOR  
Address: 1115 SOUTH MAIN STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D ( ) Delete  
Name: HOGAN, THOMAS S JR  
Address: 20 SOUTH BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS DOWNES

PRES

04/19/2002

Electronic Signature of Signing Officer or Director

Date