

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # H98620

1. Entity Name

GMP INDUSTRIES, INC.

FILED

02 OCT -8 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6760 NW 24TH AVE RD

Suite, Apt. #, etc.

3. Mailing Address

20 SOUTH BROAD STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
OCALA, FL

City & State  
BROOKSVILLE, FL

4. FEI Number

59-2682952

Applied For

Not Applicable

Zip  
34475

Country  
US

Zip  
34601

Country  
US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DOWNES, NICHOLAS  
1115 SOUTH MAIN STREET  
BROOKSVILLE, FL 34601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
TAGLIA, R. VICTOR  
1115 SOUTH MAIN STREET  
BROOKSVILLE, FL 34601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HOGAN, JR., THOMAS S.  
20 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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\*\*\*367.50\*\*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: *R. Victor Taglia*

R. Victor Taglia 10/8/02

(352) 796-1912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR