

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J13553

1. Entity Name

G V S ENTERPRISES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90058 016 ***150.00

Principal Place of Business

3008 KANANWOOD CT.
#100
OVIEDO FL 32765
US

Mailing Address

POST OFFICE BOX 621325
OVIEDO FL 32762-1325
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2666518**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHAMBORA, GEORGE A.
2940 DIVISION STREET
OVIEDO FL 32765-8064

Name

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

City

DAYTONA BEACH

FL

Zip Code
32124

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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SHAMBORA, VIRGINIA M.
2940 DIVISION ST
OVIEDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
123 Jubilee Circle
Daytona Beach, FL 32124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SHAMBORA, GEORGE A.
2940 DIVISION STREET
OVIEDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
123 Jubilee Circle
Daytona Beach, FL 32124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ 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: *Virginia M. Shambora* Virginia M. Shambora

3/10/2000 (407) 365-8960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)