

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J48130

1. Entity Name

G.T.B. CONSTRUCTION CORP.

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90010 035 ***150.00

Principal Place of Business

312 S OLD DIXIE HWY
206
JUPITER FL 33458

Mailing Address

212 S OLD DIXIE HWY
P.O. BOX 1358
JUPITER FL 33458

2. Principal Place of Business

342 TONEY PENNA DR.

3. Mailing Address

342 TONEY PENNA DR.

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33458

Country

Palm Beach

Zip

33458

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0014190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYHAN, THOMAS
212 S.OLD DIXIE HWY.
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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

TITLE P ☐ Delete
NAME BOYHAN, GEORGE E.
STREET ADDRESS 88 RIVER DR
CITY-ST-ZIP TEQUESTA FL

TITLE VP ☐ Delete
NAME DUPLESSIS, ROBERT
STREET ADDRESS 212 S.OLD DIXIE
CITY-ST-ZIP JUPITER FL

TITLE ST ☐ Delete
NAME BOYHAN, THOMAS R.
STREET ADDRESS 19005 TALON WAY
CITY-ST-ZIP JUPITER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 561-744-2875
Date Daytime Phone #

CR2E034 (9/01)