

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K17035

Entity Name

GSSC, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90044 015 ***150.00

Principal Place of Business	Mailing Address
RICHARD M. KNELLINGER 2815 NW 13 ST. STE 305 GAINESVILLE FL 32609	TIMOTHY P. DEAGAN CPA 2531 NW 41 ST. STREET A-3 GAINESVILLE FL 32606-6688 US

Principal Place of Business	3. Mailing Address
	9200 NW 36th Place #A
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
	Gainesville FL
Zip	Country
32606	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2895452	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNELLINGER, RICHARD M.
2815 NW 13 ST
SUITE 305
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input checked="" type="checkbox"/>	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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS	ST-ZIP	TITLE	
DPS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
COLGATE, SAMUEL ORAN		STREET ADDRESS	
4132 NW 38 ST		CITY-ST-ZIP	
GAINESVILLE FL	<input type="checkbox"/> Delete		
ADDRESS	ST-ZIP	TITLE	
VTM		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
GRANT, M SCHRAG		STREET ADDRESS	
9398 HEARTWELLVILLE AVE		CITY-ST-ZIP	
ENGLEWOOD FL	<input type="checkbox"/> Delete		
ADDRESS	ST-ZIP	TITLE	
D		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
KNELLINGER, M. RICHARD		STREET ADDRESS	
2815 NW 13TH ST #305		CITY-ST-ZIP	
GAINESVILLE FL	<input type="checkbox"/> Delete		
ADDRESS	ST-ZIP	TITLE	
D		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TIMOTHY P. DEEGAN CPA		STREET ADDRESS	
2531 NW 41ST ST., #A-3		CITY-ST-ZIP	
GAINESVILLE FL	<input type="checkbox"/> Delete		
ADDRESS	ST-ZIP	TITLE	
		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS	ST-ZIP	TITLE	
		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		STREET ADDRESS	
		CITY-ST-ZIP	

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:		Date	2/24/00	Daytime Phone #	352-337-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/99)