2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90184 007 ***150.00

DOCUMENT # K48477

1. Entity Name
GAI INC.

Principal Place of Business	Mailing Address
2005 TREE FORK LANE SUITE 117 LONGWOOD FL 32750 US	2005 TREE FORK LANE SUITE 117 LONGWOOD FL 32807-8205 US

2. Principal Place of Business	3. Mailing Address
215 N. Goldenrod Road	215 N. Goldenrod Road
Suite, Apt #, etc	Suite, Apt #, etc
Orlando, FL	Orlando, FL
Zip: 32807 / Country: Orange	Zip: 32807 / Country: Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2917872 — Applied For / Not Applicable

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
NEAL, JACK M. 5927 GOLDENWOOD DRIVE ORLANDO FL 32817	Name: Jack M. Neal Street Address (P.O. Box Number is Not Acceptable): 2703 Ballard Ave. City: Orlando FL Zip Code: 32833

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's signature required when name changed) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FEE NOW 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	PD ☐ Delete	TITLE	PD XX Change ☐ Addition
NAME	NEAL, JACK M.	NAME	Jack M. Neal
STREET ADDRESS	5927 GOLDENWOOD DR.	STREET ADDRESS	2703 Ballard Ave.
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando, FL 32833
TITLE	VTSD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HESTON, ELIZABETH L.	NAME	
STREET ADDRESS	925 WESSON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	VTSD XX Change ☐ Addition
NAME	HESTON, DAVID C	NAME	David C. Heston
STREET ADDRESS	7425 FIELDCREST AVE	STREET ADDRESS	3624 Becontree Place
CITY-ST-ZIP	WINTER PARK FL	CITY-ST-ZIP	Oviedo, FL 32765
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Jack M. Neal — 2-18-2000 — 407-275-6998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone