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

DO NOT WRITE IN THIS SPACE

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

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 changing) Date

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

FILING NOW: FEE IS $150.00
After [illegible], 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	PD NEAL, JACK M. 5927 GOLDENWOOD DR. ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jack M. Neal 2703 Ballard Ave. Orlando, FL 32833	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTSD HESTON, ELIZABETH L. 925 WESSON DRIVE CASSELBERRY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HESTON, DAVID C 7425 FIELDCREST AVE WINTER PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTSD David C. Heston 3624 Becontree Place Oviedo, FL 32765	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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: Jack M. Neal 2-18-2000 407-275-6998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone