FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90002 040 ***150.00

DOCUMENT # K95398

1. Entity Name
G.C. TRUAX, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3012 VILLA ROSA PARK	
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc.
City & State TAMPA	City & State FL
Zip 33611 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. **Name and Address of Current Registered Agent**

Name GREG TRUAX
Street Address (P.O. Box Number is Not Acceptable) 3012 W VILLA ROSA PARK
SUITE A
City TAMPA **FL** Zip Code 33611

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5-15-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	GREG TRUAX
STREET ADDRESS	3012 W. VILLA ROSA PARK SUITE A
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 5-15-04 813-248-1887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #