

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-25-2004 90002 040 ***150.00

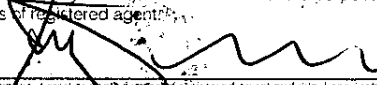
DOCUMENT # K95398	
1. Entity Name G.C. TRUAX, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3012 VILLA ROSA PARK		3. Mailing Address	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. 17A	
City & State Tampa		City & State FL	
Zip 33611	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

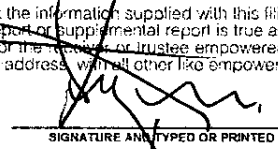
DO NOT WRITE IN THIS SPACE		4. FEI Number		Applied For ☒ No, Applicable
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name GREG TRUAX		
		Street Address (P.O. Box Number is Not Acceptable) 3012 W. VILLA ROSA PARK		
		City Tampa		
		State FL		
		Zip 33611		

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 	DATE 5-15-04

January 1 - May 1: Fees \$150.00 After May 1: Fees \$550.00 Amended UBRs \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President GREG TRUAX 3012 W. VILLA ROSA PARK TAMPA, FL 33611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 registered agent 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President - 5-15-04 813-248-1887

CR2034B (12/02)