

2001 UNIFORM BUSINESS REPORT (UBR) FILED

DOCUMENT # L00000001164

01 JUL -2 AM 8:47

1. Entity Name
GIC, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2804 FULTON STREET S.W.
LARGO FL 33774

Mailing Address
#157, 13799 PARK BLVD. N.
SEMINOLE FL 33776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3634102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARNIER, EDWARD
2804 FULTON STREET S.W.
LARGO FL 33774

Name

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

City

FL

Zip Code

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 *Edward Garnier*

EDWARD GARNIER

6/27/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

400004475514-4

-07/13/01--01106--013

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE *MANAGER*
NAME *EDWARD GARNIER*
STREET ADDRESS *2804 FULTON ST SW*
CITY-ST-ZIP *LARGO, FL 33774*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE *TREASURER*
NAME *CHRISTINE C. GARNIER*
STREET ADDRESS *2804 FULTON ST SW*
CITY-ST-ZIP *LARGO, FL 33774*

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Edward P. Garnier* Agent 4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0032630 SP

CR2E083 (11/00)