

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005782

1. Entity Name

G.S.D. LIMITED LIABILITY COMPANY

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90256 006 ****50.00

960547



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12360 49TH STREET NORTH
CLEARWATER FL 34622

Mailing Address

12360 49TH STREET NORTH
CLEARWATER FL 34622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

33762-4308

Zip

Country

33762-4308

4. FEI Number

59-3721625

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

DEMAs, THOMAS
12360 49TH STREET NORTH
CLEARWATER FL 34622

Name
George S. Demas

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

511 Tennessee Ave.

City
Crystal Beach

FL

Zip Code
34681

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

George S. Demas
Member

4/25/02

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DEMAs, THOMAS
12360 49TH STREET NORTH
CLEARWATER FL 34622 ☐ 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
Member
George S. Demas
511 Tennessee Ave.
Crystal Beach, FL 34681 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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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:

SIGNATURE REQUIRED

George S. Demas
Member

4/25/02

727-572-5757

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

Date

Daytime Phone #

CR2E083 (9/01)