

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90444 001 \*\*\*100.00

**DOCUMENT # L02000027246**

1. Entity Name

GTX, LLC



Principal Place of Business

2103 W. HERMAN STREET  
PENSACOLA FL 32605-4253

Mailing Address

P.O. BOX 17026  
PENSACOLA FL 32522-7062

44004478



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HINES, JAMES P  
315 S. HYDE PARK AVENUE  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name E. Greg Threlgill

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

2103 W Herman St

City Pensacola

**FL**

Zip Code 32505

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

(NOTE: Registered Agent signature required when reinstating)

DATE

E. Greg Threlgill

1/9/03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MP  
NAME Edwin Gregory Threlgill  
STREET ADDRESS 2103 W Herman St  
CITY-ST-ZIP Pensacola FL 32505

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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

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

Date

Daytime Phone #

1/9/03 850 438 3835

CR2E083 (10/02)