

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90009 031 \*\*\*150.00

DOCUMENT # L57633

1. Entity Name

GCAP CONSULTING SERVICES, INC.

Principal Place of Business

3438 EAST LAKE RD STE 14 #659  
PALM HARBOR FL 34685  
US

Mailing Address

3438 EAST LAKE RD STE 14 #659  
PALM HARBOR FL 34685  
US

2. Principal Place of Business

3099 LANDING WAY

Suite, Apt. #, etc.

3. Mailing Address

35246 US 19N. #294

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

4. FEI Number

59-3000130

Applied For

Not Applicable

Zip

34684

Country

Zip

34684

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, GERALD L.  
795 CHERRY BROOK COURT  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name CARR, GERALD L.  
Street Address (P.O. Box Number is Not Acceptable)  
3099 LANDING WAY  
City PALM HARBOR FL Zip Code 34684

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

Gerald L. Carr

4/23/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARR, GERALD L. 3438 EAST LAKE RD STE 14 #659 PALM HARBOR FL 34685	<input type="checkbox"/> Delete CHANGE ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PASCUAL, ANA M. 3438 EAST LAKE RD STE 14 #659 PALM HARBOR FL 34685	<input type="checkbox"/> Delete CHANGE ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARR, GERALD L. 35246 US 19N. #294 PALM HARBOR, FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PASCUAL, ANA M. 35246 US 19N. #294 PALM HARBOR, FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerald L. Carr (GERALD L. CARR)

4/23/01

727 773 0503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)