## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # L75705** 1. Entity Name G.B.K. OF FLORIDA, INC. 04-25-2000 90064 024 \*\*\*150.00 Principal Place of Business Mailing Address 3936 S. SEMORAN BLVD. 3936 S. SEMORAN BLVD #121 ORLANDO FL 32822 ORLANDO FL 32822-4015 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3016095 Not Applicable Country Ζip Zip \$8.75 Additional Country \_ Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMOREAUX, KARAN M Street Address (P.O. Box Number is Not Acceptable) 3936 S. SEMORAN BLVD. #121 ORLANDO FL 32822 Zip Code City FI 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition **PVST** ☐ Change Delete TITLE TITLE LAMOREAUX, KARAN M NAME NAME STREET ADDRESS 3936 S, SEMORAN BLVD. #121 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . . CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐1 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition TITLE □ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

4 Cepr 2000 380-9197