

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000182

1. Entity Name

G.P.S. TERMINALS, LIMITED COMPANY

FILED

Mar 20 2000 8:00 am

Secretary of State

Principal Place of Business

151 REGIONS WAY, SUITE 1-B  
DESTIN FL 32541

Mailing Address

151 REGIONS WAY, SUITE 1-B  
DESTIN FL 32541-5106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

151 Regions Way

Suite, Apt. #, etc.

Building 5, Suite D

City & State

Destin, FL

3. Mailing Address

151 Regions Way

Suite, Apt. #, etc.

Building 5, Suite D

City & State

Destin, FL

4. FEI Number

59-3283123

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, JOHN L

151 REGIONS WAY, BLDG. 1

SUITE B

DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

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

151 Regions Way

Building 5, Suite D

City

Destin

FL

Zip Code

32541

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
STREET ADDRESS SCOTT STEEL, INC.  
CITY-ST-ZIP 151 REGIONS WAY, BLDG. 1, SUITE B  
DESTIN FL 32541

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS 151 Regions Way, Building 5, Suite D  
CITY-ST-ZIP Destin, FL 32541

☒ Change

☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS 500003198215-5  
CITY-ST-ZIP -04/06/00--01054--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change

☐ Addition

TITLE NAME  
STREET ADDRESS  
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TITLE NAME  
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TITLE NAME  
STREET ADDRESS  
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 OR MANAGER

JOHN L. SCOTT, JR.

PRESIDENT

Date

Daytime Phone #

3/21/00

(850)650-2292

CR2E083 (9/99)