2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900003303					FILED				
GPS DEVELOPMENT, L.L.C.					00 SEP 29 PM 1: 56				
Principal Place of Business Mailing Address 12407 N. FLORIDA AVENUE 12407 N. FLORIDA AVENUE			<u> </u>		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
TAMPA FL 33		TAMPA FL 33612			CREATEN AND IN		Din en ni adina (n ee kin	a adaga iril y ar a .	
2. Principal Place of Business 3. Mailing Address 2401 MoRRISO			N AUE						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State TAMPA FL		4. FE	Number - 3८c	2544	N	pplied For ot Applicable	
Zip	Country	Zip 43629	Country	5. Ce	rtificate of Stat	us Desired	S5.00 Ad		
······	6. Name and Address of Current i	Johnstered Adeur	Name		1	ss of New Regis	eralen Whalif		
MCCORMICK, GEORGE L				Street Address (P.O. Box Number is Not Acceptable)					
1002 62N	D ST., S. IT FL 33707	2401 MORRISON AUG #121 City TAMPA FL Zip Code 29							
GOLI I ON			City -	TAULDA		0 7,00		229	
8. The above	named entity submits this statement for	the purpose of changing its re						<i>6</i>	
SIGNATURE	Steven 2/	wega ST	EVEN	NoelEE	A		9-15-0	ם כ	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signal				DATE		
		FILE NO	W!!! FEE IS \$ able to Depart	•				į	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/CH	ANGES		
TITLE	MGRM	D Delete	TITLE	-600-7	PECSO		Change Change	Addition	
NAME STREET ADDRESS	NORIEGA, STEVEN 2401 MORRISON AVE., STE 121		NAME STREET ADDRESS	JUDY M	GA ST	AUE,	, STE (21		
CITY:ST-ZIP	TAMPA FL		CITY-ST-ZIP			331 29	•		
TITLE NAME	MGRM	Delete	TITLE NAME	504 A	AALEZ A	MGR	Change	Addition	
STREET ADDRESS	MCCORMICK, GEORGE L 1002 62ND ST S		STREET ADDRESS	ERICN 3108 PG TAMPA	ewey S	T			
CITY-ST-ZIP	GULFPORT FL		CITY-ST-ZIP	TAMPI	t FL	33607	- Change	☐ Addition	
TITLE NAME	MGRM Gallizzi, Paul	Delete -	TITLE NAME		500i		Citalige	☐ MODELINI	
STREET ADDRESS	1508 CHERRYWOOD AVE		STREET ADDRESS CITY-ST-ZIP		500	-10/06/bi	-01022-	305 S	
TITLE	TAMPA FL	Delete	TITLE	<u> </u>	 	******50	①① 参考等等等 □ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME	• •	☐ Delete	TITLE NAME		٠		☐ Change	☐ Addition	
STREET ADDRESS	,		STREET ADDRESS		-			ļ	
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for t	CITY-ST-ZIP	ted in Section 11	9 07(3)(i) Flori	da Statutes I fun	ther certify that the	information	
indicated	on this report is true and accurate and the hilling company or the receiver or trusted	hat my signature shall have th	e same legal effe	ct as if made und	ler oath: that I	am a managing	member or manage	er of the	

41-504-8727

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGI

1-15-00

Daytime Phone #