

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90004 020 \*\*\*\*50.00

**DOCUMENT # L99000003303**

1. Entity Name  
**GPS DEVELOPMENT, L.L.C.**



Principal Place of Business

~~12407 N. FLORIDA AVENUE~~  
~~TAMPA FL 33612~~

Mailing Address

~~2401 MORRISON AVENUE, SUITE 121~~  
~~TAMPA FL 33629~~

2. Principal Place of Business

**3108 DEWEY ST**

Suite, Apt. #, etc.

3. Mailing Address

**3108 DEWEY ST**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**TAMPA FLORIDA**

Zip  
**33607**

Country  
**US**

City & State  
**TAMPA FL**

Zip  
**33607**

Country  
**US**

4. FEI Number **59-3602544**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**NORIEGA, STEVEN**  
**2401 MORRISON AVENUE #121**  
**TAMPA FL 33629**

**SPELLING →**

7. Name and Address of New Registered Agent

Name  
**NORIEGA, STEVEN**

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

**3108 DEWEY ST**

City **TAMPA** FL Zip Code **33607**

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)

**4/4/03**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**NORIEGA, STEVEN**  
**2401 MORRISON AVE., STE 121**  
**TAMPA FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**NORIEGA, ERIC**  
**3108 DEWEY ST.**  
**TAMPA FL 33607** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**3108 DEWEY ST**  
**TAMPA, FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/4/03** **HB-263-PSPT**

CR2E083 (10/02)