

Amended

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

01-22-2004 90031 021 *****50.00

FILED M02000002722

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 22 AM 9:54

DOCUMENT # M02000002722

1. Entity Name

GSC Investments, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4852 N. Ocean St.

3. Mailing Address

PO Box 57

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Mayport FL

City & State

Mayport, FL

4. FEI Number

22-3875378

Applied For

Not Applicable

Zip

32233

Country

USA

Zip

32267

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kimberly Haas

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

4852 N. Ocean St

City

Mayport

FL

Zip Code

32233

**DO NOT WRITE
IN THIS SPACE**

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

Kimberly Haas, Kimberly Haas

1-17-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Steven MacCurry
STREET ADDRESS	PO Box 306
CITY-ST-ZIP	Carolina Beach, NC 28428
TITLE	Vice President
NAME	Michael Haas
STREET ADDRESS	4852 N. Ocean St
CITY-ST-ZIP	Mayport, FL 32233
TITLE	Secretary
NAME	Kimberly Haas
STREET ADDRESS	4852 N Ocean St.
CITY-ST-ZIP	Mayport, FL 32233
TITLE	Treasurer
NAME	Sherilyn MacCurry
STREET ADDRESS	PO Box 306
CITY-ST-ZIP	Carolina Beach, NC 28428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly Haas Kimberly Haas 1-17-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-220-7500

CR2E034B (12/02)