FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M 9264

FILED Jun 03, 2002 8:00 am Secretary of State

06-03-2002 91207 032 ***150.00

GBC, INC. DO NOT WRITE IN THIS SPACE						
					B0124517	
2. Principal Place of Business 70 FERNBROOK Suite, Apt. #, etc. 3. Mailing Address 70 FERNB Suite, Apt. #, etc.			BROOK			
					DO NOT WRITE IN THIS SPACE	
City & State OLDSMAR, FLORIDA Zip, Country		City & State OLDSMAR,		OA	4. FEI Number Applied For 59-2910795 Not Applicable	
3467	77 Country	3 4677	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
₹ * 1°. 4	Street 70	Street Address (P.O. Box Number is Not Acceptable) 70 FERNBROOK				
SIGNATURE _	named entity submits this statement for statement for submits the submits the statement for submits the statement for submits the submits th			or registere	ed agent, or both, in the State of Florid	5-31-02-
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. la on back)	After Ma Amendi Make Check Paya	May 1! Fee is \$1 / 1, Fee is \$550. ed UBR is \$61.2 ble to Departme	00 5	10. Election Campaign Financ Trust Fund Contribution.	cing \$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRED L. COLOMBO 70 FERNBROOK OLDSHAR FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S		
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TITLE NAME STREET ADDRESS CHY-ST-ZIP		• • • • • • • • • • • • • • • • • • • •	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	
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HTLE STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			

13. Thereby 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 on an attachment with an address, with a state of the corporation of the corporation

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR