

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90880 002 \*\*\*150.00

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

DOCUMENT # P00000014812  
1. Entity Name GDS CONSULTING, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>5225 SANTA ANA DR.</u>		3. Mailing Address <u>5225 SANTA ANA DR.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>ORLANDO, FL</u>		City & State <u>ORLANDO, FL</u>	
Zip <u>32837</u>	Country <u>USA</u>	Zip <u>32837</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3621283</u>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DOS SANTOS, GUIDA

Street Address (P.O. Box Number is Not Acceptable)  
5225 SANTA ANA DRIVE

City ORLANDO FL Zip Code 32837

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 re-registering) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>DOS SANTOS, GUIDA</u> <u>5225 SANTA ANA DRIVE</u> <u>ORLANDO, FL 32837</u>
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Guida dos Santos 4/25/02 407-342-4174  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #