

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000034389**1. Entity Name
THE GORDON SOLUTIONS GROUP, INC.Principal Place of Business
1757 NW 93RD TERRACE
CORAL SPRINGS FL 33071Mailing Address
1757 NW 93RD TERRACE
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-1000171

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**FLORIDA INCORPORATORS, INC.**
1221 BRICKELL AVENUE SUITE 900**MIAMI** **FL**
33131 **US****7. Name and Address of New Registered Agent**Name
GORDON LEO X
Street Address (P.O. Box Number is Not Acceptable)
1757 NW 93 RD TERRACE
City **CORAL SPRINGS** **FL** Zip Code **33071**

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 **LEO X. GORDON****04/29/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE A GORDON**D****04/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)