

2/8/

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000044096**

1. Entity Name

GTH HOLDINGS, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

02-08-2001 90176 003 ***150.00

Principal Place of Business

Mailing Address

~~C/O UNGER WEBSTER & ACREE PA~~
~~701 PEACHTREE ROAD~~
~~ORLANDO FL 32804~~~~C/O UNGER WEBSTER & ACREE PA~~
~~701 PEACHTREE ROAD~~
~~ORLANDO FL 32804~~

2. Principal Place of Business

3. Mailing Address

c/o Webster & Partners, P.L.**c/o Webster & Partners, P.L.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1936 Lee Rd, Ste 101**PO Box 2310**

City & State

City & State

Winter Park, FL**Winter Park, FL****32789****USA****32790-2310****USA**

4. FEI Number

59-3643003

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UWSA SERVICES, INC.
701 PEACHTREE ROAD
ORLANDO FL 32804

Name

W & P Services, Inc.

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

1936 Lee Road, Suite 101

City

Winter Park**FL**

Zip Code

32789

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 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HILL, GRACE T**
CITY-ST-ZIP **1716 PALMER AVE**
WINTER PARK FL 32789TITLE ☒ Change ☐ Addition
NAME **D/P/T**
STREET ADDRESS **Hill, Grace T.**
CITY-ST-ZIP **1716 Palmer Ave**
Winter Park, FL 32789TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **VP/S**
STREET ADDRESS **Hill, R.C. II**
CITY-ST-ZIP **PO Box 1060**
Winter Park, FL 32790TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Grace T. Hill**Grace T. Hill**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)