2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

May 27, 2002 8:00 am Secretary of State P00000056687 DOCUMENT # 1. Entity Name 05-27-2002 90476 007 ***150.00 GJ IMPORT TRADERS INC. Principal Place of Business Mailing Address 5722 28TH STREET EAST 5722 28TH STREET EAST 80115095 **BRADENTON FL 34203 BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 65-1015084 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name nner SOLBERG, ANDREW J Street Address 5722 28TH STREET EAST **BRADENTON FL 34203** 21300 BOOK 8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition Delete TITLE TITLE SOLBERG, A J NAME NAME 5722 28TH STREET EAST STREET ADDRESS STREET ADDRESS BRADENTON FL 34203 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition VΡ ☐ Delete TITLE TITLE CONNER, C J NAME NAME STREET ADDRESS STREET ADDRESS 5722 28TH STREET EAST CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-7IP - Change -■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 yustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supp

ddress with all other like empowered.

ATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #