

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058717

1. Entity Name

GT GLOBAL SHIPPERS, INC.

Principal Place of Business

716 NORTH CALHOUN STREET
TALLAHASSEE FL 32303

Mailing Address

716 NORTH CALHOUN STREET
TALLAHASSEE FL 32303

2. Principal Place of Business

10608 LAKE LAMONIA DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

Zip

32312

Country

USA

Country

4. FEI Number

59-3654167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

B0024073



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

JERRY ALTMAN

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

716 N. CALHOUN ST

City

TALLAHASSEE

FL

Zip Code

32303

7. Name and Address of New Registered Agent

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]

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

(NOTE: Registered Agent signature required when reinstating)

03-30-01

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 D ☐ Delete
NAME TURNER, GEORGIA
STREET ADDRESS 716 NORTH CALHOUN STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Delete
NAME ALTMAN, JERRY
STREET ADDRESS 716 NORTH CALHOUN STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ 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:

[Signature] JERRY ALTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-01

Date

850-561-8715

Daytime Phone #

0460311

CR2E034 (10/00)