2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P00000071639

1. Entity Name
G AND K ADVANCED, INC.

Principal Place of Business	Mailing Address
107 GARDEN STREET	273 HIBISCUS STREET
UNIT 4	TAVERNIER FL 33070
TAVERNIER FL 33070	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

☑ CHECK HERE IF MAKING CHANGES

Zip	Country

3. Mailing Address	
Zip	Country

4. FEI Number **65-1038210**

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
GENTES, KENNETH	Name **KENNETH GENTES**
273 HIBISCUS STREET	Street Address (P.O. Box Number is Not Acceptable)
TAVERNIER FL 33070	**329 WOODS AVE.**
	City **TAVERNIER,** FL Zip Code **33070**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00		9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees
After May 1, 2003 Fee will be $550.00		
Make Check Payable to Florida Department of State		

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GENTES, KENNETH R		NAME			
STREET ADDRESS	273 HIBISCUS STREET		STREET ADDRESS			
CITY-ST-ZIP	TAVERNIER FL 33070		CITY-ST-ZIP			
TITLE	DST	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	KURUTZ, JOHN N		NAME			
STREET ADDRESS	660 CABRERA STREET		STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL 33037		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _KENNETH GENTES, PRESIDENT 1-17-2003_   305-852-7732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)