

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90370 028 \*\*\*150.00

0561299 AV

**DOCUMENT # P00000086996**

1. Entity Name  
**GMT SPORT WATCHES, INC.**



Principal Place of Business  
**4156 CENTRAL SARASOTA PKWY  
APT 822  
SARASOTA FL 34238**

Mailing Address  
**4156 CENTRAL SARASOTA PKWY  
APT 822  
SARASOTA FL 34238**



2. Principal Place of Business

**9683 Knightsbridge Circle**  
Suite, Apt. #, etc.

3. Mailing Address

**9683 Knightsbridge Circle**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Sarasota, FL**

City & State  
**Sarasota, FL**

4. FEI Number  
**65-1039140**

Applied For  
Not Applicable

Zip  
**34238**

Country  
**USA**

Zip  
**34238**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**ARETINI, DEIRDRE  
4156 CENTRAL SARASOTA PKWY  
APT #822  
SARASOTA FL 34238**

7. Name and Address of New Registered Agent

Name **Aretini, Deirdre**  
Street Address (P.O. Box Number is Not Acceptable)  
**9683 Knightsbridge Circle**  
City **Sarasota** FL Zip Code **34238**

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 **DEIRDRE ARETINI** DATE **01/18/2003**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARETINI, DEIRDRE F</b> <b>4156 CENTRAL SARASOTA PKWY APT #822</b> <b>SARASOTA FL 34238</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ARETINI, FRANCESCO</b> <b>4156 CENTRAL SARASOTA PKWY #822</b> <b>SARASOTA FL 34238</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTS</b> <b>ARETINI, FRANCESCO</b> <b>4156 CENTRAL SARASOTA PKWY APT #822</b> <b>SARASOTA FL 34238</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARETINI, DEIRDRE</b> <b>9683 KNIGHTSBRIDGE CIRCLE</b> <b>SARASOTA, FL 34238</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ARETINI, FRANCESCO</b> <b>9683 KNIGHTSBRIDGE CIRCLE</b> <b>SARASOTA, FL 34238</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTS</b> <b>ARETINI, FRANCESCO</b> <b>9683 KNIGHTSBRIDGE CIRCLE</b> <b>SARASOTA, FL 34238</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Deirdre Aretini - President** DATE **01/18/2003** (941) 918-8812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)