

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000110729**1. Entity Name
GB VENTURES OF PINELLAS, INC.**Principal Place of Business**KRESS BLDG., STE. M-8
475 CENTRAL AVE.
ST. PETERSBURG
33701

FL

Mailing AddressKRESS BLDG., STE. M-8
475 CENTRAL AVE.
ST. PETERSBURG
33701

FL

2. Principal Place of Business

KRESS BLDG., STE. M-8

3. Mailing Address

KRESS BLDG., STE. M-8

Suite, Apt. #, etc.

475 CENTRAL AVE.

Suite, Apt. #, etc.

475 CENTRAL AVE.

City & State

ST. PETERSBURG

FL

City & State

ST. PETERSBURG

FL

Zip

33701

Country

US

Zip

33701

Country

US

4. FEI Number

59-3689216

Applied For☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
KRESS BLDG., STE. M-8
475 CENTRAL AVE.
ST. PETERSBURG
33701

FL

7. Name and Address of New Registered Agent**Name**

MASCARA ERNEST L

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

KRESS BLDG., STE. M-8

475 CENTRAL AVE.

City

ST. PETERSBURG

FL

Zip Code
33701

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)

04/02/2001

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 VD ☐ Delete
NAME MASCARA ERNEST L
STREET ADDRESS 475 CENTRAL AVE., STE. M-8
CITY-ST-ZIP ST. PETERSBURG FL 33701TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VD ☒ Change ☐ Addition
NAME MASCARA ERNEST L
STREET ADDRESS 475 CENTRAL AVE., STE. M-8
CITY-ST-ZIP ST. PETERSBURG FL 33701TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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: ERNEST L. MASCARA

V

04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)