

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90052 020 ***150.00

DOCUMENT # **P01000040295**

1. Entity Name

G.P.B. ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
90 NE 19TH AVE.

3. Mailing Address

Suite, Apt. #, etc.
APT. 8

Suite, Apt. #, etc.

City & State
DEERFIELD BEACH, FL

City & State

Zip
33441

Country

Zip

Country

4. FEI Number
65-1136811

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GEORGE PAUL BUETTNER

Street Address (P.O. Box Number is Not Acceptable)
90 NE 19TH AVE.

APT. 8

City **DEERFIELD BEACH** **FL** Zip Code **33441**

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/S/D
GEORGE PAUL BUETTNER
90 NE 19TH AVE. APT. 8
DEERFIELD BEACH, FL 33441**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP/D
SEAN BUETTNER
90 NE 19TH AVE. APT 8
DEERFIELD BEACH, FL 33441**

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE PAUL BUETTNER

4/30/02 (954) 415-1589

Date

Daytime Phone #

CR2E034B (12/01)