

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90184 016 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                        |                                                                                                                                                                                                                               |                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|
| <b>DOCUMENT # P01000047823</b><br>1. Entity Name<br><b>G.T. DIRECT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |                                                                        |                                                                                                                                                                                                                               |                                                       |  |
| Principal Place of Business<br><b>701 ANDREWS AVENUE<br/>DELRAY BEACH, FL 33483</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                        | Mailing Address<br><b>701 ANDREWS AVENUE<br/>DELRAY BEACH, FL 33483</b>                                                                                                                                                       |                                                       |  |
| 2. Principal Place of Business<br><b>1203 SANDOWAY LANE</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | 3. Mailing Address<br><b>1203 SANDOWAY LANE</b><br>Suite, Apt. #, etc. |                                                                                                                                                                                                                               |                                                       |  |
| City & State<br><b>DELRAY BEACH, FL</b><br>Zip <b>33483</b> Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | City & State<br><b>DELRAY BEACH, FL</b><br>Zip <b>33483</b> Country    |                                                                                                                                                                                                                               | 4. FEI Number<br><b>65-1103953</b>                    |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                                                        |                                                                                                                                                                                                                               | <input type="checkbox"/> CHECK HERE IF MAKING CHANGES |  |
| 6. Name and Address of Current Registered Agent<br><b>GILFILEN, DENNIS J<br/>701 ANDREWS AVENUE<br/>DELRAY BEACH, FL 33483</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>GILFILEN, DENNIS J.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1203 SANDOWAY LANE</b><br>City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33483</b> |                                                       |  |
| 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.<br>SIGNATURE <b>DENNIS J. GILFILEN</b> <span style="float: right;"><b>4/15/03</b></span><br><small>Signature, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent's signature required when missing)</small>                                                                                                                                                                  |                                                                                                                  |                                                                        |                                                                                                                                                                                                                               |                                                       |  |
| FILE NOW!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                        |                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                         |                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br><b>GILFILEN, DENNIS J P<br/>701 ANDREWS AVE.<br/>DELRAY BEACH, FL 33483</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | P<br><b>DENNIS J. GILFILEN<br/>1203 SANDOWAY LANE<br/>DELRAY BEACH, FL 33483</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br><b>GILFILEN, TERI T V<br/>701 ANDREWS AVE.<br/>DELRAY BEACH, FL 33483</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | V<br><b>GILFILEN, TERI T<br/>1203 SANDOWAY LANE<br/>DELRAY BEACH, FL 33483</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                             |                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                             |                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>DENNIS J. GILFILEN</b> <span style="float: right;"><b>4-15-03 561-302-3996</b></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  |                                                                        |                                                                                                                                                                                                                               |                                                       |  |

CFR2034 (10/02)