

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000113873

FILED  
Jan 10, 2003  
Secretary of State

Entity Name: G-FORCE PRO INCORPORATED

**Current Principal Place of Business:**

740 W. INLET DRIVE  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

740 W. INLET DRIVE  
MARCO ISLAND, FL 34145

**New Mailing Address:**

FEI Number: 04-3612191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STIERS, THOMAS  
740 W. INLET DRIVE  
MARCO ISLAND, FL 34145

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STIERS, THOMAS  
Address: 740 W. INLET DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete  
Name: GIFFORD, JOHN  
Address: 2650 COUNTY BARN ROAD  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS STIERS

D

01/10/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date