

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000116409

1. Entity Name
GB ADVERTISING INC.

Principal Place of Business
10450 GREENDALE DRIVE
TAMPA FL 33626

Mailing Address
10450 GREENDALE DRIVE
TAMPA FL 33626

NEW ADDRESS for mail

2. Principal Place of Business

3. Mailing Address

13014 Waterford Run Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Riverview

City & State
FL

Zip
33564

Country
Hillsb.

Zip

Country

4. FEI Number

593759497

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATCLIFFE, ERIC
10450 GREENDALE DRIVE
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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 \$550.00!
After September 13, 2002 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D RATCLIFFE, ERIC	10450 GREENDALE DRIVE	TAMPA FL 33626	☐
	D RATCLIFFE, JACK	10450 GREENDALE DRIVE	TAMPA FL 33626	☐
	D RATCLIFFE, AARON	10450 GREENDALE DRIVE	TAMPA FL 33626	☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-02

813-621-7775

Date

Daytime Phone #

CR2004 (4/02)