2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000024986

1. Entity Name

GZ CONCEPTS DESIGN, INCORPORATED



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90148 027 ***150.00

Principal Place of Business 8145 WOODWORTH DRIVE ORLANDO FL 32817		Mailing Address 8145 WOODWORTH DRIVE ORLANDO FL 32817		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State	e	City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zip '	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	1	7. Name and Address of New Registered Agent
LIANG, BRIAN 8145 WOODWORTH DRIVE ORLANDO FL 32817			Street Addres	Fong, David is (P.O. Box Number is Not Acceptable) 221 E. Robinson St. Orlando FL Zip Code 32801
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 spendable. (NOTE: Registered Agent Snature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZHAO, GUANGHUI 8145 WOODWORTH DRIVE ORLANDO FL 32817	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 1 1 1 1 1 1 1	· ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Change Maddition 1, Zi 145 Woodsworth Dr Orlando, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET-ADDRESS CITY-ST-ZIP 12. I hereby o	: certify that the information supplied wi	Delete	TITLE NAMESTREET ADDRESS CITY-ST-ZIP or the exemption stated in	☐ Change ☐ Addition 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 impowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/03 (4

Daytime Phone #

CR2E