

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91148 027 ***150.00

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DOCUMENT # P02000040710

1. Entity Name
GBOA, INC.



Principal Place of Business
**1651 SAND KEY ESTATES CT STE 87
CLEARWATER FL 33767**

Mailing Address
**1651 SAND KEY ESTATES CT STE 87
CLEARWATER FL 33767**



2. Principal Place of Business

3. Mailing Address

612 S Martin Luther King

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jr Ave

City & State

City & State
Clearwater, FL

4. FEI Number

82-0540558

Applied For

Not Applicable

Zip

Country

Zip

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROTONENTIS, KENNETH G
1591 GULF BLVD PENTHOUSE 2
CLEARWATER FL 33767-2997**

Name
Registered Corporate Agents, Inc

Street Address (P.O. Box Number is Not Acceptable)
612 S Martin Luther King Jr Ave

City
Clearwater

FL Zip Code
33756

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

Vickie A. Shaw

Vickie A. Shaw

4/29/2003

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

(NOTE: Registered Agent signature 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **KRITSKY, SIGNE**
CITY-ST-ZIP **1651 SAND KEY ESTATES CT STE 87
CLEARWATER FL 33767**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Sigene Kritsky **Sigene Kritsky**

4/29/03 (813) 288-2088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2003 (10/02)