

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90089 012 ***150.00

DOCUMENT # P02000073581

1. Entity Name
G & P CONSULTING, INC.



Principal Place of Business
**200 VILLAGE SQUARE CROSSING STE 102
PALM BEACH GARDENS FL 33410**

Mailing Address
**200 VILLAGE SQUARE CROSSING STE 102
PALM BEACH GARDENS FL 33410**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3858556

Applied For

Not Applicable

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

**BARTH, KRISTA
200 VILLAGE SQUARE CROSSING STE 102
PALM BEACH GARDENS FL 33410**

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 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 **PD** ☐ Delete
NAME **GREEN, ALVIN T**
STREET ADDRESS **200 VILLAGE SQUARE CROSSING STE 102**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **PD** ☒ Change ☐ Addition
NAME **ALVIN T. GREEN**
STREET ADDRESS **10093 DIAMOND LAKE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **STD** ☐ Delete
NAME **PERSICO, MICHAEL**
STREET ADDRESS **200 VILLAGE SQUARE CROSSING STE 102**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **STD** ☒ Change ☐ Addition
NAME **MICHAEL PERSICO**
STREET ADDRESS **10093 DIAMOND LAKE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE: **X SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03 561-7346383
Date Daytime Phone #

CR2E034 (10/02)

Attachment # 86055189
PO2000073581Internal
Revenue
Service**Employer Identification
Number (EIN) Cover Sheet**

Date

7-23 2002

No. of pages (including
this one)

Brookhaven IRS Campus - EIN Department

FAX: 1-631-447-8960

Phone: 1-866-816-2065

To ALVIN T Green

From

Tax Examiner

Team

0134555985112

FAX

561-776-0302

Phone

ATTENTION

Name of Entity

G & P Consulting INC.EIN 22-3858556

Name of Entity

EIN

Name of Entity

EIN

Please see the following letter regarding missing or incorrect information on your
Form SS-4, Application for a Federal Employer Identification Number (EIN).

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