

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0128394
AV

DOCUMENT # P02000076742

1. Entity Name
GSS AUTOMOTIVE GROUP, INC.



FILED

03 DEC -1 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 83

Principal Place of Business
208 WATERBURY LN
INDIAN HARBOR BCH FL 32937

Mailing Address
208 WATERBURY LN
INDIAN HARBOR BCH FL 32937

2. Principal Place of Business
4515 Babcock ST
Suite, Apt. #, etc.

3. Mailing Address
4515 Babcock ST
Suite, Apt. #, etc.

City & State
Palm Bay, Florida
Zip
32905
Country
USA

City & State
Palm Bay, FL
Zip
32905
Country
USA

4. FEI Number
56-2311918

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDLER, SCOTT M
2701-S BAYSHORE-DR
MIAMI FL 33133

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 reinstating)

DATE

11/20/2003

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SANDLER, GLENN S
208 WATERBURY LN
INDIAN HARBOR BCH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SANDLER, LAUREN T
208 WATERBURY LN
INDIAN HARBOR BCH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Michael Powell
[Address] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
44 Camellia Terrace
Indian Harbor Beach, FL 32909 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000023993270
10/21/03--01159--023 **550.00 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Michael Powell
5433 THE Willows Drive
Melbourne, FL 32904 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000023993270
11/03/03--01036--017 **200.00 ☐ Change ☐ Addition

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

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

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:

Glenn S Sandler

10/10/03

321-727-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)