

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90228 030 \*\*\*150.00

0352078 AV

DOCUMENT # P02000079496

1. Entity Name  
GL MARKETING, INC.



Principal Place of Business  
3400 NW 48TH AVE. STE #U-513  
LAUDERDALE LAKES FL 33319

Mailing Address  
3400 NW 48TH AVE. STE #U-513  
LAUDERDALE LAKES FL 33319



2. Principal Place of Business  
4705 N.W. 35<sup>th</sup> Street  
Suite, Apt. #, etc.  
# 509

3. Mailing Address  
4705 N.W. 35<sup>th</sup> Street  
Suite, Apt. #, etc.  
# 509

☐ CHECK HERE IF MAKING CHANGES

City & State  
Lauderdale Lakes FL 33319  
Zip  
33319  
Country

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Lauderdale Lakes FL 33319  
Zip  
33319  
Country

4. FEI Number  
422  
☒ Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

LAMBERT, GINETTE  
3400 NW 48TH AVE, STE #U-513  
LAUDERDALE LAKES FL 33319  
→ 4705 N.W. 35<sup>th</sup> Street  
# 509

## 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 \_\_\_\_\_

**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	<input type="checkbox"/> Delete
DPS	LAMBERT, GINETTE	3400 NW 48TH AVE, STE #U-513	LAUDERDALE LAKES FL 33319	<input type="checkbox"/>
		4705 N.W. 35 <sup>th</sup> Street	# 509	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Signature Required*  
04/08/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)