

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91363 012 ***150.00

DOCUMENT # P02000085733

1. Entity Name
GMAR ENTERPRISES, INC.



Principal Place of Business
3447 SPRING HILL DRIVE Commercial Way
SPRING HILL, FL 34606

Mailing Address
3447 SPRING HILL DRIVE Commercial Way
SPRING HILL, FL 34606

2. Principal Place of Business
3447 COMMERCIAL WAY

3. Mailing Address
3447 COMMERCIAL WAY



CHECK HERE IF MAKING CHANGES

City & State
SPRING HILL, FL

City & State
SPRING HILL, FL

4. FEI Number
04-3706167

Applied For
Not Applicable

Zip
34606

Country

Zip
34606

Country

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

6. Name and Address of Current Registered Agent
KLIMIS, GEORGE N
23 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent
Name
MARTINS, GEORGE
Street Address (P.O. Box Number is Not Acceptable)
3447 COMMERCIAL WAY
City
SPRING HILL FL Zip Code
34606

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 *George Martins* DATE **04/25/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARTINS, GEORGE 3447 SPRING HILL DRIVE SPRING HILL, FL, 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARTINS, GEORGE 3447 COMMERCIAL WAY SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *George Martins* **GEORGE MARTINS** **04/25/03**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)