

FILED
Jun 04, 2003 8:00 am
Secretary of State


05-01-2003 90386 010 ***150.00

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

5/1

DOCUMENT # P02000087237

1. Entity Name
 GAO, INC.



Principal Place of Business
 2137 DUMAS DRIVE
 DELTONA FL 32738

Mailing Address
 2137 DUMAS DRIVE
 DELTONA FL 32738

2. Principal Place of Business
 2137 Dumas Dr
 Suite, Apt. #, etc.

3. Mailing Address
 2137 Dumas Dr
 Suite, Apt. #, etc.

City & State
 Deltona FL

City & State
 Deltona FL

Zip
 32738

Country
 Volusia

4. FEI Number
 56-2302799

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 BURKE, LINTON ROZENA
 2137 DUMAS DRIVE
 DELTONA FL 32738

7. Name and Address of New Registered Agent
 Name
 Rozena Burke
 Street Address (P.O. Box Number is Not Acceptable)
 2137 Dumas Dr.
 City
 Deltona FL Zip Code
 32738

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 *Rozena Burke*
 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 NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, LINTON 2137 DUMAS DRIVE DELTONA FL 32738 <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	D BURKE, ROZENA 2137 DUMAS DRIVE DELTONA FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Linton Burke* *Rozena Burke*
 Signature and typed or printed name of signing officer or director Date Daytime Phone #
 2/27/03 (386) 789-0132
 Rozena Burke President 5/26/03

CR2E034 (10/02)