


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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90255 022 ***150.00

DOCUMENT # P02000093060	
1. Entity Name G & S Technology, Inc.	

DO NOT WRITE IN THIS SPACE

94072879

2. Principal Place of Business 2320 Jason Street Suite, Apt. #, etc.	3. Mailing Address 2320 Jason Street Suite, Apt. #, etc.
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City & State Merritt Island, Florida	City & State Merritt Island, Florida	4. FEI Number 13-4210996	Applied For <input type="checkbox"/> Not Applicable
Zip 32952	Country USA	Zip 32952	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Lisa Greaber	
	Street Address (P.O. Box Number is Not Acceptable) 2320 Jason Street	
	City Merritt Island	Zip Code 32952

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 Lisa Greaber **DATE** 4-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lisa Greaber 2320 Jason Street Merritt Island, Florida 32952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lisa Greaber **Date** 4-27-04 **Daytime Phone #** (321) 459-2347

CR2E034B (12/02)