9/8/2003-90141-037-$550.00-$550.00

FILED

03 OCT -3 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000093060

1. Entity Name
G & S TECHNOLOGY INC.

Principal Place of Business	Mailing Address
3071 NORTH OAKLAND FOREST DRIVE SUITE 202 OAKLAND PARK, FL 33309	3071 NORTH OAKLAND FOREST DRIVE SUITE 202 OAKLAND PARK, FL 33309

2. Principal Place of Business	3. Mailing Address
2320 Jason Street	2320 Jason Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt Island Fl	City & State: Merritt Island Fl
Zip: 32952 Country: USA	Zip: 32952 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 73-4210996 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139

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

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	D ☑ Delete	TITLE	Owner ☑ Change ☐ Addition
NAME	GREABER, LISA	NAME	Lisa Greaber
STREET ADDRESS	3071 NORTH OAKLAND FOREST DRIVE	STREET ADDRESS	2320 Jason Street
CITY-ST-ZIP	OAKLAND PARK, FL 33309	CITY-ST-ZIP	Merritt Island Fl 32952
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Lisa Greaber 9/4/03 321 459 2347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #