

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90667 001 ***300.00

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

DOCUMENT # P02000099888			
1. Entity Name GPS CONSULTING, INC.			
Principal Place of Business 13451 OWL HOLLOW COURT JACKSONVILLE, FL 32223		Mailing Address 13451 OWL HOLLOW COURT JACKSONVILLE, FL 32223	
3. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 45-0490378		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		6. Additional Fee Required \$5.75	
6. Name and Address of Current Registered Agent ELEFANT, FRED 1660 PRUDENTIAL DRIVE SUITE 108 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
			
9. Election Campaign Financing Trust Fund Contribution ☐		10. May Be Added to Form	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDER, WALTER JAY 13451 OWL HOLLOW COURT JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAJAS, JOSE RICARDO 13451 OWL HOLLOW COURT JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, word or other like empowered.			
SIGNATURE: 		DATE: 4/22/03 9043744200	
SIGNATURE AND TITLE OF PRINCIPAL OR SECONDARY OFFICER OR DIRECTOR		Signature Return	