FILED
Jun 18, 2003 8:00 am
Secretary of State
05-30-2003 90086 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000106910 (2)

1. Entity Name
G'S VISUALS, INC.

55048871

[redacted]

Principal Place of Business	Mailing Address
22583 VISTAWOOD WAY BOCA RATON FL 33428	22583 VISTAWOOD WAY BOCA RATON FL 33428

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
22583 Vistawood Way	2080 NW 2nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. #6.
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33428 Country: USA	Zip: 33431 Country: USA

4. FEI Number: 52-2379460 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MULLIN, JAMES G 2080 N.W. BOCA RATON BLVD., #6 BOCA RATON FL 33431	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

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 D NAME MARCANO, MARGARO STREET ADDRESS 22583 VISTAWOOD WAY CITY-ST-ZIP BOCA RATON FL 33428	☐ Delete	TITLE President NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition
TITLE P NAME MULLIN, JAMES G STREET ADDRESS 2080 NW BOCA RATON BLVD., #6 CITY-ST-ZIP BOCA RATON FL 33431	☐ Delete	TITLE Director 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #