

FILED
May 22, 2003 8:00 am
Secretary of State

55043085

DOCUMENT # P02000125809

1. Entity Name
G.B.R. INTERNATIONAL, INC.



Principal Place of Business
2001 VIRGINIA DR.
ORLANDO FL 32803

Mailing Address
2001 VIRGINIA DR.
ORLANDO FL 32803

55043085



2. Principal Place of Business
1751 N. PARK AVE.
Suite, Apt. #, etc.

3. Mailing Address
1751 N. PARK AVE
Suite, Apt. #, etc.

City & State
MAITLAND FL

City & State
MAITLAND FL

Zip
32751

Country
USA

Zip
32751

Country
USA

4. FEI Number
02-0654336

Applied For
Not Applicable

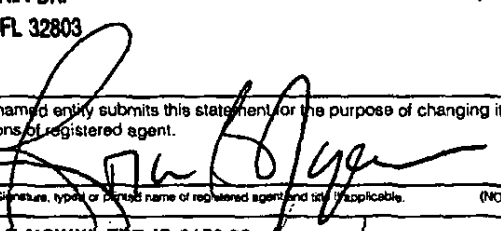
5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOYCE, BRIAN
2001 VIRGINIA DR.
ORLANDO FL 32803

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1751 N. PARK AVE
City MAITLAND, FL Zip Code 32751

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 04/14/03

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

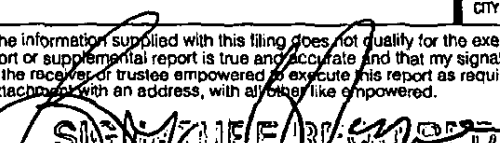
9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOYCE, BRIAN 2001 VIRGINIA DR. ORLANDO FL 32803 Vice President ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT REARDOR, GILLIAN 2632 RACCOON RUN LANE ORLANDO, FL 32837 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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:  DATE 04/14/03 401-874-8756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR