FILED

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

Apr 30, 2003 8:00 am Secretary of State P02000133367 DOCUMENT # 04-30-2003 90073 039 \*\*\*150.00 1. Entity Name G'S PLACE, INC. Principal Place of Business Mailing Address 201 N. 21ST AVENUE 201 N. 21ST AVENUE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 Principal Place of Business 3. Mailing Address 30 I Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE-IF-MAKING-CHANGES Applied For 4. FEI Number 1000cl D Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GULOMB, CHRISTOPHER (1994) Street Address (P.O. Box Number is Not Acceptable) 201 N. 21ST AVENUE HOLLYWOOD FL 33020 City 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) JE -- FILE NOW!!! FEE IS \$150.00 9. Election Campaign:Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE ☐ Delete TITLE Change ☐ Addition NAME GULOMB, SANDRA NAME GULOMB, SANDRA AV. 3<u>30</u>2 STREET ADDRESS 201 N. 21ST AVENUE STREET ADDRESS NORTH 21ST CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP ice Presider TITLE Delete TITLE 2 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 2010. CITY-ST-ZIP CITY-ST-ZIP 33020 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 pther like empower SIGNATURE: