2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY 23 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700020431267
06/04/03--01003--036 **150.00

600080029 AT

DOCUMENT # P02000133468

1. Entity Name
GT TECHNICAL SERVICES, INC.

Principal Place of Business
~~330-52ND ST.~~ 442 Nottingham Blvd
W. PALM BCH FL ~~33407~~ 33405

Mailing Address
~~330-52ND ST.~~ 442 Nottingham Blvd
W. PALM BCH FL ~~33407~~ 33405

2. Principal Place of Business: Residence. (Above)
Suite, Apt. #, etc.: 442 Nottingham Blvd
City & State: West Palm Bch. Fla
Zip: 33405 Country: USA

3. Mailing Address: Same 442 Nottingham Blvd
Suite, Apt. #, etc.
City & State: West Palm Bch. Fla
Zip: 33405 Country: USA

☑ CHECK HERE IF MAKING CHANGES — ADDRESS

4. FEI Number: 6510 14545 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
THOMAS, GEORGE
~~330-52ND ST.~~ 442 Nottingham Blvd.
W. PALM BCH FL 33405

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 X George Thomas
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 ☐ Delete	TITLE	P. ☐ Change ☐ Addition
NAME	THOMAS, GEORGE	NAME	THOMAS, George
STREET ADDRESS	~~330-52ND ST.~~ 442 Nottingham Blvd	STREET ADDRESS	442 Nottingham Blvd.
CITY-ST-ZIP	W. PALM BCH FL ~~33407~~ 33405	CITY-ST-ZIP	West Palm Beach Fla 33405
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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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: X George Thomas SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #