

P06000027235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

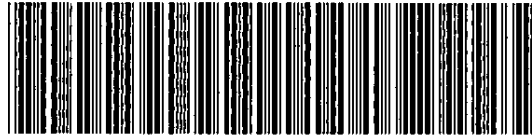
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/08/09--01017--015 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP - 1 AM 10:20

R-A. Chong
C. COULLETTE

SEP 01 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GT Leisure Services Inc
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tain Kidney
(Name of Person)

GT Leisure Services Inc
(Firm/Company)

1402 Stickley Avenue
(Address)

Celebration, FL 34747
(City/State and Zip Code)

For further information concerning this matter, please call:

Tain Kidney at (407) 566 8440
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy



**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

July 13, 2009

**IAIN KIDNEY
G.T. LEISURE SERVICES INC.
1402 STICKLEY AVE
CELEBRATION, FL 34747**

**SUBJECT: G.T. LEISURE SERVICES INC.
Ref. Number: P06000027235**

We have received your document for G.T. LEISURE SERVICES INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have used the improper form for a Florida corporation to change the registered agent. I am enclosing the right for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

**Cheryl Coulliette
Regulatory Specialist II**

Letter Number: 809A00023951

**RECEIVED
JUL 27 AM 8:00
DIV OF STATE
CORP FLORIDA
2009 JUL**

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GT Leisure Services Inc
Name of Corporation

DOCUMENT NUMBER: P06000027235

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jain Kidney
Name of Contact Person

GT Leisure Services Inc
Firm/Company

14028 Stickley Avenue
Address

Celebration, Florida 34747
City/State and Zip Code

citrusgreenillas@smartercity.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jain Kidney at (407) 566 8440
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2009

IAIN KIDNEY
G.T. LEISURE SERVICES INC.
1402 STICKLEY AVE
CELEBRATION, FL 34747

SUBJECT: G.T. LEISURE SERVICES INC.
Ref. Number: P06000027235

We have received your document for G.T. LEISURE SERVICES INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 609A00026185

GT LEISURE SERVICES INC

1402 Stickley Avenue

Celebration

FL34747

ATTN: Cheryl Couffette

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee

FL32314

Dear Cheryl

SUBJECT: GT LEISURE SERVICES INC

Ref Number: P06000027235

I have duly redone the form that you returned back to me and hope that this now meets the requirements.

Should you have any queries please do not hesitate to contact me.

RECEIVED
2009 AUG 31 AM 8:00
Yours sincerely
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Iain Kidney

President

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GT Leisure Services Inc
2. The principal office address: 1402B Stickley Avenue
Celebration, FL 34747
3. The mailing address (if different): _____
4. Date of incorporation/qualification: February 2006 Document number: P06000027235
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

United Corporate Services Inc
4200 South Dadeland Blvd Ste 508
Miami FL 33156

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

IAIN KIDNEY
1402 STICKLEY AVENUE
P.O. Box NOT acceptable
CELEBRATION FL 34747

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP - 1 AM ID: 24

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

IAIN KIDNEY President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

07/21/09
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)