

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90134 010 ***150.00

DOCUMENT # P15378

1. Entity Name

GNS, INC.

Principal Place of Business

**225 BARRONE ST
STE 1800
NEW ORLEANS LA 70112
US**

Mailing Address

**225 BARONNE ST
STE 1800
NEW ORLEANS LA 70112-1710
US**

2. Principal Place of Business

GNS, INC

3. Mailing Address

GNS, INC

Suite, Apt. #, etc.

225 BARONNE ST, STE 1616

Suite, Apt. #, etc.

225 BARONNE ST, STE 1616

City & State

NEW ORLEANS, LA

City & State

NEW ORLEANS, LA

4. FEI Number

72-1095012

Applied For

Not Applicable

Zip

70112

Country

Zip

70112

Country

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

**STRICKLAND, B.J.
10137 LEISURE LA. S.
JACKSONVILLE FL 32216**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
STRICKLAND, B.J.
10137 LEISURE LA. S.
JACKSONVILLE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
SOLOMAN, GARY N.
225 BARONNE ST
NEW ORLEANS LA**

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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/00 (504) 556-5956

Date

Daytime Phone #

CR2E034 (9/99)