

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18158

1. Entity Name

GK TELECOM, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90064 032 ***150.00

Principal Place of Business

2709 FOREST CLUB DRIVE
PLANT CITY FL 33567-7201
US

Mailing Address

2709 FOREST CLUB DRIVE
PLANT CITY FL 33567-7201

2. Principal Place of Business

107 Capri Court North
Suite, Apt. #, etc.

3. Mailing Address

107 Capri Court North
Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City, FL

Zip

Country

33567-7201 USA

Zip

Country

33567-7201 USA

4. FEI Number

36-3512915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYER, GERARD L.
2709 FOREST CLUB DRIVE
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

107 Capri Court North

City

Plant City

FL

Zip Code

33567-7201

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

Gerard L. Meyer

2-11-2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, GERARD L.	
STREET ADDRESS	2709 FOREST CLUB DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MEYER, KATHERINE M.	
STREET ADDRESS	2709 FOREST CLUB DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2-11-2000

Date

813-752-6610

Daytime Phone #

CR2E034 (9/99)