

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90126 015 ***158.78

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DOCUMENT # P92000011230



1. Entity Name
GB 500, INC.

Principal Place of Business
**3200 TAMiami TRAIL N
SUITE 200
NAPLES FL 34103
US**

Mailing Address
**3200 TAMiami TRAIL N
SUITE 200
NAPLES FL 34103
US**

11000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0378400**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

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

**WOODWARD, MARK J
3200 TAMiami TRAIL N
SUITE 200
NAPLES FL 34103**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME Delete
DP WOODWARD, MARK J

TITLE NAME Change Addition
PSD WOODWARD, MARK J.

STREET ADDRESS CITY-ST-ZIP
**3200 TAMiami TRAIL N, STE 200
NAPLES FL 34103**

STREET ADDRESS CITY-ST-ZIP
**3200 Tamiami Trail N. (Suite 200)
Naples, FL 34103**

TITLE NAME Delete
DS PIRES, ANTHONY P JR

TITLE NAME Change Addition
TD PIRES, ANTHONY P. JR.

STREET ADDRESS CITY-ST-ZIP
**3200 TAMiami TRAIL N, STE 200
NAPLES FL 34103**

STREET ADDRESS CITY-ST-ZIP
**3200 Tamiami Trail N. (Suite 200)
Naples, FL 34103**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark J. Woodward, as President

1/23/03 Date (939) 649-6558 Daytime Phone #

CF2E034 (10/02)