

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 04, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000005799**1. Entity Name  
G.C.B. INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
432 S 2ND ST.	P.O. BOX 49070
JACKSONVILLE BEACH FL 32250 US	JACKSONVILLE BEACH FL 32240 US

2. Principal Place of Business  
590 ORCHID STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ATLANTIC BEACH FL

City &amp; State

4. FEI Number  
**59-3218967**Applied For  
Not ApplicableZip Country  
32233 US

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**BARLEY JOHN A  
400 N MERIDIAN STTALLAHASSEE FL  
32301 US

Name

BARLEY GEORGE C

Street Address (P.O. Box Number is Not Acceptable)  
732 MAGNOLIA STREETCity  
NEPTUNE BEACH

FL

Zip Code  
32266

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 **GEORGE C. BARLEY****04/04/2001**

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, 2001 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	SD	<input type="checkbox"/> Delete
NAME	AMMONS DIANA L	
STREET ADDRESS	6683 CISCO RD. W	
CITY-ST-ZIP	JACKSONVILLE FL 32219	

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BARLEY GEROGE C	
STREET ADDRESS	732 MAGNOLIA ST	
CITY-ST-ZIP	NEPTUNE BCH FL	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLEY GEROGE C	
STREET ADDRESS	732 MAGNOLIA ST	
CITY-ST-ZIP	NEPTUNE BCH FL 32266	

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

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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:** Diana L. Ammons

SD

04/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)