

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026316

1. Entity Name

G. L. C. CONSULTING SERVICES, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90008 026 ***150.00

Principal Place of Business

1124 GOODLETTE RD
NAPLES FL 33940
US

Mailing Address

1124 GOODLETTE RD
NAPLES FL 34102-5451
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0483873

Applied For

Not Applicable

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

PFEUFFER, WILLIAM A
1124 GOODLETTE ROAD
NAPLES FL 33940

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

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

1/31/2000
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMPBELL, GERALD L	
STREET ADDRESS	117 COLUMBUS AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	Secy. / Treas.	<input type="checkbox"/> Delete
NAME	KAREN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1616 Charlie Wimpy Rd	
CITY-ST-ZIP	Blairsville, GA 30512	
TITLE	Secy Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAYLEEN MULLEN CAMPBELL	
STREET ADDRESS	1616 Charlie Wimpy Rd	
CITY-ST-ZIP	Blairsville, GA 30512	
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		
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

Kayleen Mullen Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/00

Daytime Phone #

706 7811810

CR2E034 (9/99)