

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076964

1. Entity Name
GVL ENTERPRISES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90096 027 ***150.00

Principal Place of Business
6017 PINERIDGE RD. -278
NAPLES FL 34119
US

Mailing Address
6017 PINERIDGE RD. -278
NAPLES FL 34119
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
221 Logan Blvd No
Suite Apt. #, etc.
Naples
City & State
FL

3. Mailing Address
221 Logan Blvd No
Suite Apt. #, etc.
Naples
City & State
FL

4. FEI Number 65-0528588
Applied For
Not Applicable

Zip 34119 Country USA
Zip 34119 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RIVARA, MICHELLE A
221 LOGAN BLVD N
NAPLES FL 34119

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D RIVARA, MICHELLE A 221 LOGAN BLVD N NAPLES FL 34119
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michelle A. Riva Date 4-17-01 Daytime Phone # 941-348-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)