## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P95000007715** Mar 01, 2000 8:00 am Secretary of State GT'S CONTRACTING SERVICES, INC. 03-01-2000 90024 046 \*\*\*150.00 Principal Place of Business Mailing Address 17225 GREEN TURTLE LANE EAST 17225 GREEN TURTLE LANE EAST SUGARLOAF FL 33042 SUGARLOAF FL 33469-1810 3. Mailing Address 2. Principal Place of Business <u>8774 S.E. WATER OAK PLACE</u> 8774 S.E. WATER OAK PLACE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0625365 EQUESTA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GADOMSKI 70MAS2 GADOMSKI, TOMASZ Street Address (P.O. Box Number is Not Acceptable) 17225 GREEN TURTLE LANE EAST SUGARLOAF FL 33042 8774 S.E. WATER OAK PLACE 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. (NOTE: Registered Agent signature required when reinstating) FILE NOWILLEEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00-May Be 10.-Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE TITLE ☐ Delete GADOMSKI TOMASZ 8774 S.E. WATER OAK PLACE GADOMSKI, THOMASZ NAME STREET ADDRESS STREET ADDRESS 17225 GREEN TURTLE LN. E TEQUESTA FL 33469 CITY-ST-ZIP SUGARLOAF FL 33042 CITY-ST-ZIP Change ☐ Addition X Delete TITLE TITLE GADOMSKI, KATARYNE NAME NAME STREET ADDRESS 17225 GREEN TURTLE LN. E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUGARLOAF FL 33042 ☐ Addition Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIE Change ☐ Addition ☐ De'ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE De'ete NAME STREET ADDRESS 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

Daytime Phone #