2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000025130** Apr 25, 2000 8:00 am Secretary of State GF INTERNATIONAL, INC. 04-25-2000 90105 030 ***150.00 Mailing Address Principal Place of Business 800 2ND AVE. SOUTH 800 2ND AVE. SOUTH SUITE 340 SHITE 340 ST. PETERSBURG FL 33701-4026 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3313272 Not Applicable Zip 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 Kenneth SALEM, RICHARD J ESQU Street Address (P.O. Box Number is Not Acceptable) 800 Second Avenue South 101 E KENNEDY BLVD STE 3200 Suite 340 **TAMPA FL 33602** Zip Code 33701 St. Petersburg, 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 Fiorida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** ☐ Addition Delete TITLE TITLE PARKER, J. KENNETH NAME NAME STREET ADDRESS 800 2ND AVE. SOUTH, #340 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Delete Change Addition TITLE TITLE PARKER, J. KENNETH NAME NAME 800 2ND AVE. SOUTH, #340 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33701 Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 exempte 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 the empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOING

127/822-2492

Daylime Phone #