2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000025130 **DOCUMENT #**

1. Entity Name

GF INTERNATIONAL, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90477 023 ***150.00

			Seve 10	/
Principal Place of Business 1 BEACH DR S.E SUITE 301-C ST. PETERSBURG FL 33701		Mailing Address 1 BEACH DR S.E SUITE 301-C ST. PETERSBURG FL 33701		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3313272 Applied For Not Applicable
Žip	Country	Zip '	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	L Registered Agent		7. Name and Address of New Registered Agent
			Name	
PARKER, KENNETH J 1 BEACH DRIVE, S.E.			Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE 30	1-C			-
SAINT PE	TERSBURG FL 33701	i.	City	FL Zip Code
	named entity submits this statement for ions of registered agent.	the purpose of changing	its registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accept
ino obliga	and or regional of agent.			
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: Registered Agent signature re-	quired when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND (11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PARKER, J. KENNETH 1 BEACH DRIVE S.E., SUITE 301- ST. PETERSBURG FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, J. KENNETH 1 BEACH DRIVE, S.E., SUITE 301 STPETERSBURG FL 33701	□ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. 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 any 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP