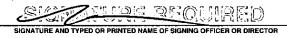
2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED				
DOCUMENT # P95000073068						,	Apr 29, 2002 8:00 am Secretary of State				
1. Entity Name G.T.B. VENTURES CO.							04-29-2002 9				
Principal Place of Business Mailing Address											
3005 SR 590 STÉ:200 CLEARWATER FL 33759 US -			3005 SR 590 • STE 200 CLEARWATER FL 33759 US				B008003a				
2. Principal Place of Business			3. Mailing Address						 	EHIOL HALL HOSE	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. f	FEI Number 59-3340992		<u> </u>	plied For t Applicable	
Zip	Zip Country		Zip	Country		5. (Certificate of Status Desired	□ \$	8.75 Add ee Required	itional J	
	6. Name and	Address of Current Re	gistered Agent	÷		7 l	Name and Address of New Reg	gistered Ag	jent		
HARRIS, MARSHALL S. 3005 SR 590					Name Street Address (P.O. Box Number is Not Acceptable)						
200 CLEARWATER FL 33759			City		· · · · · · · · · · · · · · · · · · ·		FL	Zip Code)		
8. The above named entity submits this statement for the purpose of changing its register SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable. (NOTE: Register that the purpose of changing its registered agent and title if applicable.)					ed Agent signatu.	re required when re		DATE		O May Be to Fees	
11.		OFFICERS AND DI	RECTORS	12.		AC	DDITIONS/CHANGES TO OFFIC	ERS AND [DIRECTORS	SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, MAF 3005 SR 590, CLEARWATER	, STE 200	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPAULDING, 3005 SR 590, CLEARWATER	, STE 200	☐ Delete						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DROWN, ROE 3005 SR 590 CLEARWATER	BERT G , STE 200	Delete: ——	NAM STR	LE ————————————————————————————————————	* w** •		. حہ د	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TELFORD, JO 3005 SR 590, CLEARWATER	, STE 200	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	-	☐ Delete						Change	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:



Daytime Phone #