

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90129 041 ***150.00

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DOCUMENT # P96000004739

1. Entity Name
GHA DEVELOPMENT, INC.



Principal Place of Business
**2121 GRAND HARBOR BLVD.
VERO BEACH FL 32967**

Mailing Address
**3755 7TH TERR
STE 301
VERO BEACH FL 32960**

11029410



2. Principal Place of Business
**3755 7th Terrace, Suite
Suite 301**

3. Mailing Address
Suite, Apt. #, etc.

City & State
Vero Beach, FL

City & State

4. FEI Number
65-0642058

Applied For
Not Applicable

Zip
32960

Country
US

Zip

Country
US

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

6. Name and Address of Current Registered Agent

**HENN, PETER J
2121 GRAND HARBOR BLVD.
VERO BEACH FL 32967**

7. Name and Address of New Registered Agent

Name
Henn, Peter J.
Street Address (P.O. Box Number is Not Acceptable)
3755 7th Terrace, Suite 301

City
Vero Beach, FL 32960

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **PETER J. HENN** Signature required 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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS NORTH, ANNABEL 3755 7TH TERRACE, STE 301 VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCCAIN, MARY 3755 7TH TERRACE, STE 301 VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENN, PETER J 2121 GRAND HARBOR BLVD. VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORETVEDT, JAN PETTER 2121 GRAND HARBOR BLVD VERO BEACH FL 32967	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS North, Annabel 3755 7th Terrace, Suite 301, Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT McLain, Mary 3755 7th Terrace, Suite 301 Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Henn, Peter J. 3755 7th Terrace, Suite 301 Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Storetvedt, Jan Petter 3755 7th Terrace, Suite 301 Vero Beach, FL 32960	<input checked="" 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

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

SIGNATURE: **PETER J. HENN**

Date Daytime Phone #

772-778-0180

CR2E034 (10/02)