**FILED** 

## 2002 UNIFORM BUSINESS REPORT (URB)

DOCUMENT # DOCOCOO 40000					Apr 22, 2002 8:00 am Secretary of State			
DOCUMENT # P96000013300  1. Entity Name								
G&LS1	OCKERS INC.					04-22-2002 90298	018 ***150.	.00
Principal Place of Business Mailing Address								
3038 N JOHNYOUNG PKWY 25 25 3038 N JOHN YOUNG PKWY 25								
ORLANDO FL 32804 ORLANDO FL 32804						I TERLITAL BIR TEHA BIRI BRIN BENK BENK BEKK PE	18) 1(888 £1188 (1118 f	HIR III (188)
US US								
2. Principal Place of Business 3038 N. John Young Pkwy 3038 N. John Yo				Ng PKWY				
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			DO NOT WRITE IN THI	S SPACE		
City & Stat	ė .	25 Çity & State	R State			FEI Number FO 0000470	Ap	plied For
<u>Urla</u>	ido FL	Driando, +c.			59-33684/2 · Not Applicable			
328	14 USA	3260t	Countr <b>Uり</b>	À	~5. (	Certificate of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
FORTIER, STEVE				Name				
3038 N JOHN YOUNG PKWY				Street Address (P.O. Box Number is Not Acceptable)				
STE 25								
ORLANDO FL 32804				City FL Zip Code				
8. The above	named entity submits this statement for t	he purpose of changing its re	egistere	d office or registe	red ag	ent, or both, in the State of Florida.	1	
								{
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered	Agent signature require	d when re	einstating) DATE		<del></del>
This corporation is eligible to satisfy its Intangible				•		10. Election Campaign Financing	\$5.0	<b>0</b> May Be
Tax filing requirement and elects to do so.  (See criteria on back)  After May 1, 2002  Make Check Payable 1					ate	Trust Fund Contribution.		to Fees
11.	OFFICERS AND D	IRECTORS	12.		AD	L DITIONS/CHANGES TO OFFICERS AI	VD DIRECTORS	S IN 11
TITLE NAME	P   Fortier, Steve	☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS	ALAN AN INCIDENCE MINISTER AND AN			T ADDRESS				]
CITY-ST-ZIP	ORLANDO FL 32804		CITY-	ST-ZIP				]
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NAME		- ORIEK	NAME				LL Change	
STREET ADDRESS				r adoress				-

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #