

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91011 002 ***150.00

DOCUMENT # P96000031585

1. Entity Name
THE GUETZLOE COMMUNICATIONS GROUP, INC.



Principal Place of Business
**3660 MAGUIRE BLVD
SUITE 103
ORLANDO FL 32803
US**

Mailing Address
**3660 MAGUIRE BLVD
SUITE 103
ORLANDO FL 32803
US**



2. Principal Place of Business

**3101 Maguire Blvd
Suite, Apt. #, etc.
#161**

Orlando, FL

32803 ORANGE

3. Mailing Address

**3101 Maguire Blvd
Suite, Apt. #, etc.
#161**

Orlando, FL

32803 ORANGE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3375079**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GUETZLOE, DOUGLAS M
3660 MAGUIRE BLVD
#103
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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

TITLE **PT** ☐ Delete
NAME **GUETZLOE, DOUGLAS M**
STREET ADDRESS **545 DELANEY AVE., STE. 2A**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ Delete
NAME **GUETZLOE, BRUCE A**
STREET ADDRESS **812 WOODSIDE DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **3101 Maguire Blvd #161**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres. 407-895-0077

CR2E034 (10/02)