

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

DOCUMENT # P96000050258

1. Entity Name

G.S.E. INTERNATIONAL, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-03-2000 90061 015 ***150.00

Principal Place of Business Mailing Address
8085 NORTH ATLANTIC AVENUE 8085 NORTH ATLANTIC AVENUE
CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920-3612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3396991 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENFIELD, HARRY C
800 E. MERRITT ISLAND CSWY #202
MERRITT ISLAND FL 32952

Name
Street Address (P.O. Box Number is 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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBSON, JASON	
STREET ADDRESS	8085 NORTH ATLANTIC AVENUE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GIBSON, LISA	
STREET ADDRESS	8085 NORTH ATLANTIC AVENUE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIBSON, CAROLE	
STREET ADDRESS	6990 RIDGWOOD AVE	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CAROLE GIBSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

321-799-0515
Daytime Phone #

LISA GIBSON