

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90362 021 ***150.00

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DOCUMENT # P96000073157

1. Entity Name

GREAT AMERICAN BYTE REGISTRY, INC.



Principal Place of Business
**8618 NW 83 STREET
TAMARAC FL 33321**

Mailing Address
**8618 NW 83 STREET
TAMARAC FL 33321**

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 **65-0794921**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHALL, STANLEY I
202 BRIARWOOD CIRCLE
HOLLYWOOD FL 33024**

Name

Stanley I. Marshall

Street Address (P.O. Box Number is Not Acceptable)

8618 NW 83 STREET

City

TAMARAC

FL

Zip Code

33321

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

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

STANLEY I MARSHALL
(NOTE: Registered Agent signature required when reinstating)

4/18/03
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 **D MARSHALL, STANLEY I** ☐ Delete
STREET ADDRESS **202 BRIARWOOD CIRCLE**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE/NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE/NAME ☒ Delete
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TITLE/NAME ☐ Change ☐ Addition
STREET ADDRESS
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 I am empowered.

SIGNATURE:

Stanley I. Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03
Date

Daytime Phone #

CR2E034 (10/02)