

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90112 024 ***150.00

DOCUMENT # P96000094705

1. Entity Name
GAT BAR, INC.



Principal Place of Business
**2266 WILTON DR
WILTON MANORS FL 33305
US**

Mailing Address
**2266 WILTON DR
WILTON MANORS FL 33305
US**

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 **65-0713303**

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

**BURNETT, ADAM M
2266 WILTON DR
WILTON MANORS FL 33305**

Name **NORMAN, TERRY L.**
Street Address (P.O. Box Number is Not Acceptable)
2625 NE 1st Avenue
City **Fort Lauderdale FL** Zip Code **33334**

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

TERRY L. NORMAN, PRES.

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 ☒ Delete
NAME **PTD BURNETT, ADAM M**
STREET ADDRESS **3410 NE 17TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

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

TITLE ☐ Delete
NAME **VD NORMAN, TERRY L**
STREET ADDRESS **1581 NE 34 COURT #213**
CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD KESSINGER, GEORGE L**
STREET ADDRESS **3410 NE 17TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1513 NE 21 Street**
CITY-ST-ZIP **Wilton Manors, FL 33305**

TITLE ☐ Delete
NAME **T GOFRANK, RONALD F**
STREET ADDRESS **525 POINCIANA DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED TERRY L. NORMAN PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 568-3885

CR2E034 (10/02)