

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000022

1. Entity Name

GF CONSULTING SERVICES, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90031 014 \*\*\*150.00

Principal Place of Business

100 PALMVIEW RD  
#70  
PALMETTO FL 34221

Mailing Address

100 PALMVIEW RD  
#70  
PALMETTO FL 34221-9351

2. Principal Place of Business

6201 US HWY 41 N  
Suite, Apt. #, etc.  
2158

3. Mailing Address

6201 US HWY 41 N  
Suite, Apt. #, etc.  
2158

City & State

PALMETTO FL

City & State

PALMETTO FL

Zip

34221 USA

Zip

34221 USA

4. FEI Number

23-2483734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDENBERG, GARY  
100 PALMVIEW RD  
#70  
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name

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

6201 US HWY 41 N #2158

City

PALMETTO

FL

Zip Code

34221

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

GARY GOLDENBERG *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDENBERG, GARY	
STREET ADDRESS	100 PALMVIEW RD., #70	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GOLDENBERG, FERN DINITZ	
STREET ADDRESS	100 PALMVIEW RD., #70	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6201 US HWY 41 N #2158	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6201 US HWY 41 N #2158	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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]* GARY GOLDENBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00 941-723-6301

Date

Daytime Phone #

CR2E034 (9/99)