

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009659

1. Entity Name

G T AUTO, INC.

Principal Place of Business

4394 MARS AVE.
WEST PALM BEACH FL 33406

Mailing Address

4394 MARS AVE.
WEST PALM BEACH FL 33406-4003

2. Principal Place of Business

4394 MARS AVE

3. Mailing Address

4394 MARS AVE

Suite, Apt. #, etc.

W.P.B.

Suite, Apt. #, etc.

W.P.B.

City & State

FLORIDA

City & State

FLORIDA

Zip

33406

Country

PALM BEACH

Zip

33406

Country

PALM BEACH

6. Name and Address of Current Registered Agent

KUDYBA, RICHARD
4394 MARS AVE
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

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 Richard Kudyba

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

(NOTE: Registered Agent signature required when reinstating)

04-04-00

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	KUDYBA, RICHARD	
STREET ADDRESS	4394 MARS AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KUDYBA, GENOWEFA	
STREET ADDRESS	4394 MARS AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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: Richard Kudyba

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-00

Date

Daytime Phone #

561

301-6240



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90009 037 ***150.00